

Name
in
Full

Anne Catherine Albough

CERTIFICATE OF DEATH

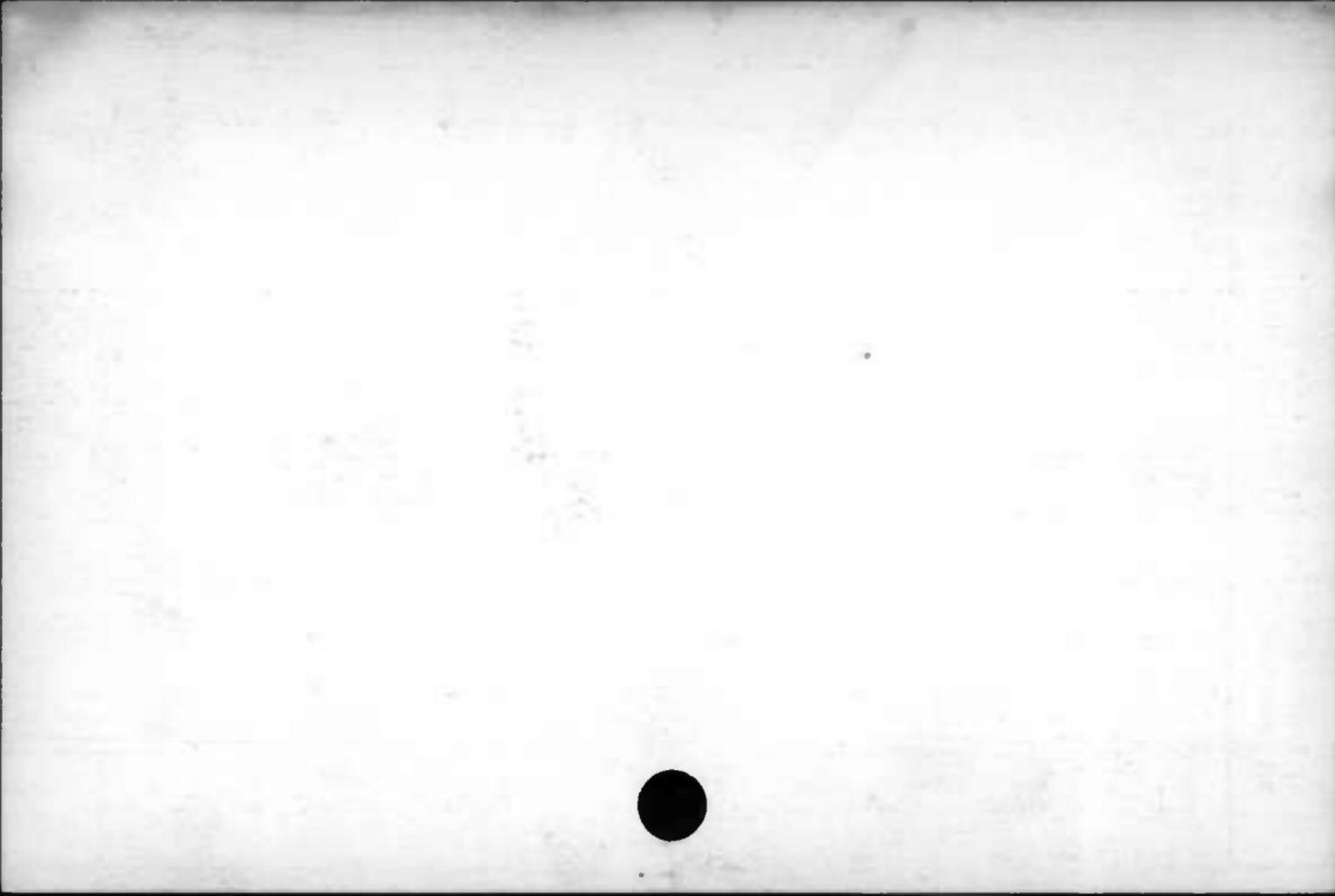
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
Sex	Color or Race	White	Birth place
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Widow Singleton Albough	
Father's Name	Thomas Castle		
Mother's Maiden Name			
Name of person giving information	(initials)		

CAUSES OF DEATH

Primary	Interstitial Nephritis	How long
Immediate	Grenice	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
		Address
Accident or Suicide?		

PHYSICIAN
OR CORONER



Name

in
Full

TO BE ANSWERED BY

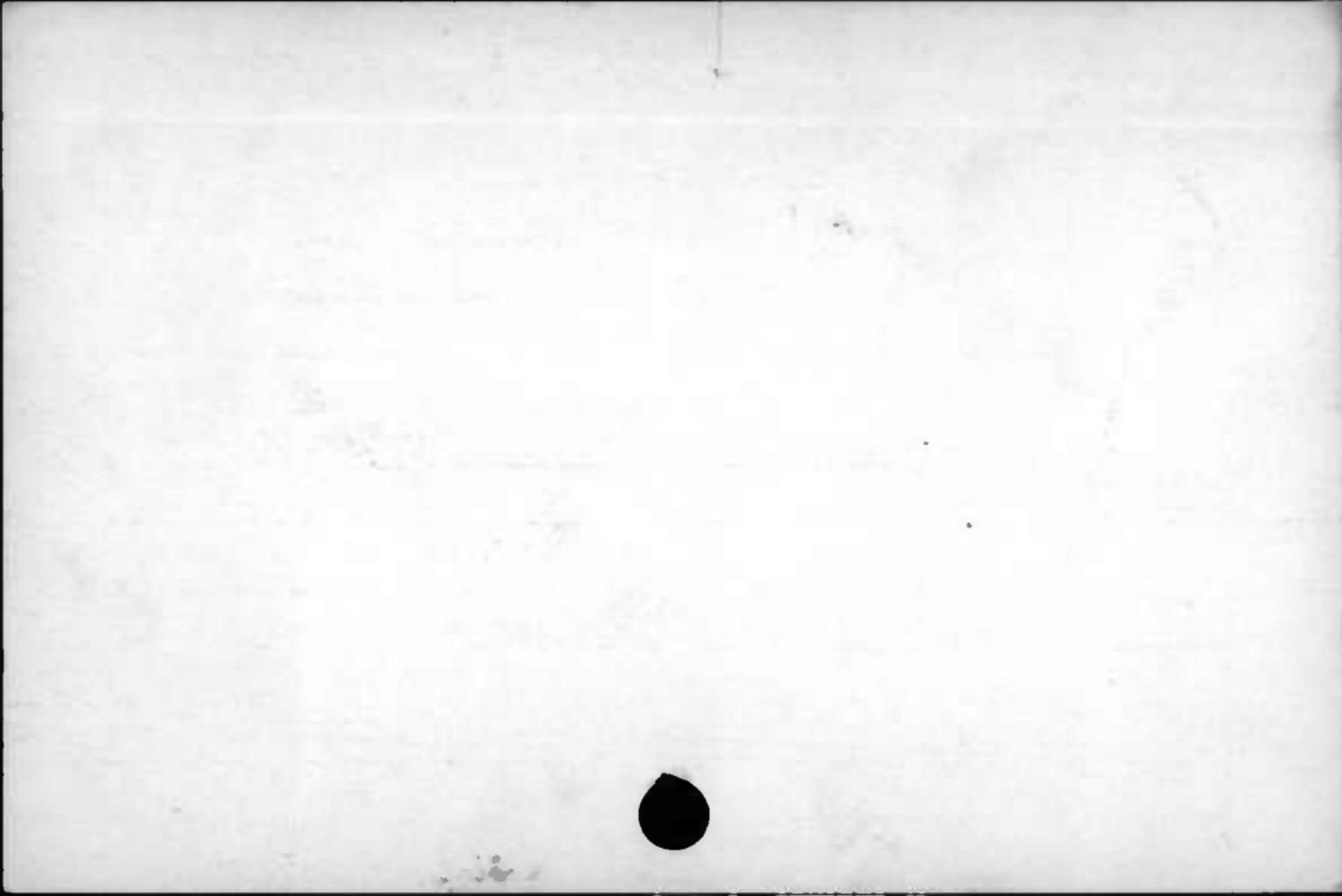
NEAREST FRIEND

PHYSICIAN
OR CORONER

Sarah Albaugh		CERTIFICATE OF DEATH	
Died at	Town	County	MARYLAND
Date of death 190	Month	Day	Years
5 Nov.	5	3	65
Sex	Color or Race	Age	Months Days
Female	White	65	
Married, Single or Widowed	Occupation		
Married	Housewife		
Name of Wife or Husband	George Albaugh		
Father's Name	William Valentine		
Mother's Maiden Name	Lydia McHenry		
Name of person giving Information	Granville Tolson		

CAUSES OF DEATH

Primary	Rheumatism, paralysis	How long	8 mos.
Immediate	heart failure, general debility	How long	7 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	O.H. Diller
1911		Address	Detour. Maryland.
Accident or Suicide?			



Name
in
Full

Mary Jane Arnold

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Head Balliettum		Town	Hed 12		County	MARYLAND	
Date of death	Month	Day	Years	Age	Months	Days	
1905	Mar	9	61		6	8	
Sex	Female.	Color or Race	White	Birth-place	Md.		
Occupation	Housewife		Where Residing if not at place of death				
Married, Single or Widowed	Widow	Name of Wife or Husband	Ezra Arnold.	Father's Birthplace	Md		
Father's Name	Wilfin Syerton.			Mother's Birthplace	Md.		
Mother's Maiden Name	Sarah Ausheun.		(X)	How related to deceased	Brother.		
Name of person giving information	Lucie Syerton						

CAUSES OF DEATH

Primary

Central Hemorrhage

How long

about 3 hrs.

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

yes.

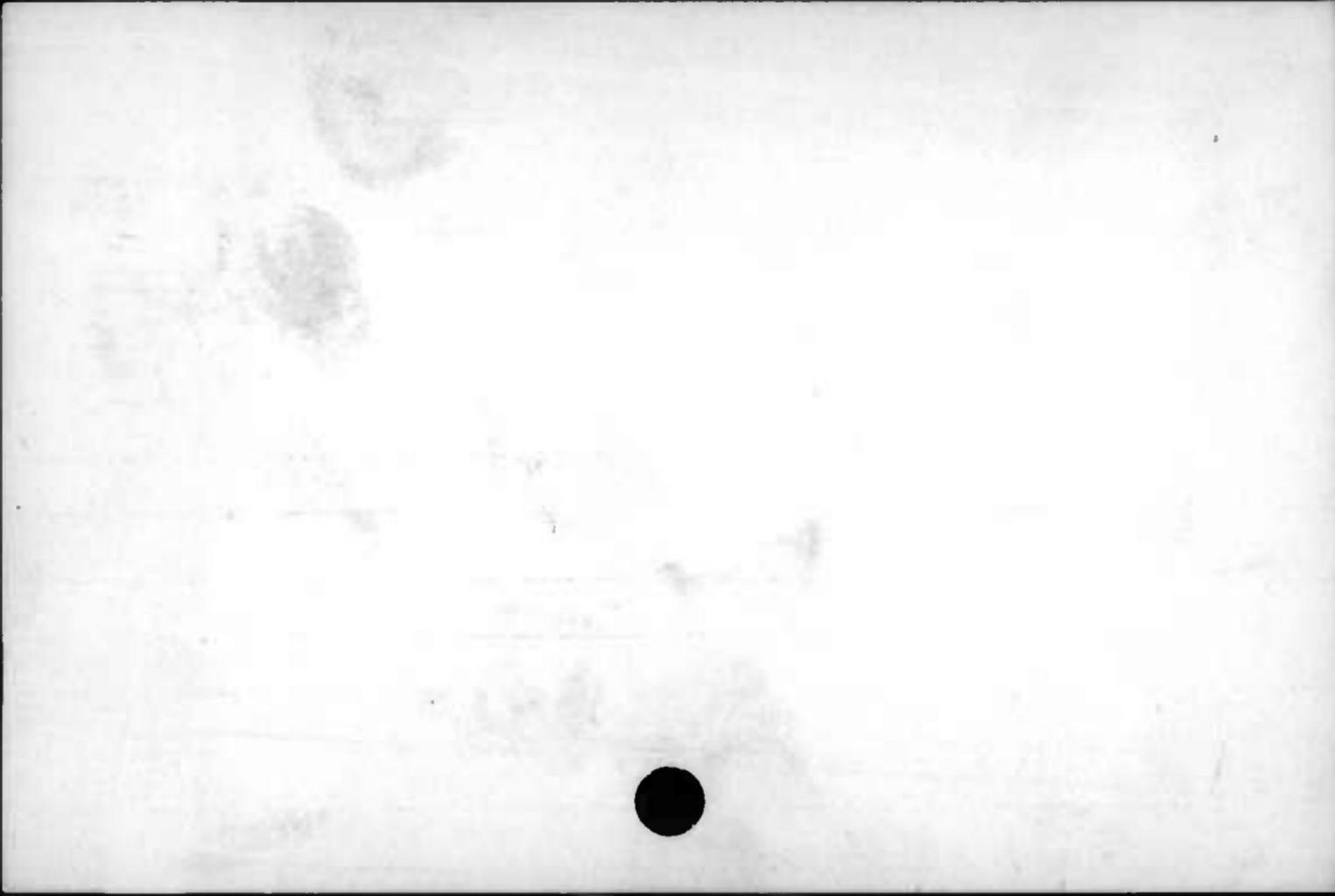
Signature of Physician

C-H. Solvittum,
Bentleman,
Md.

Address

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Jas. W Baker

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND
Died at	Park Mills	Beth	MARYLAND
Date of death	Month	Year	Days
1903	Mar	23	7
Age	Years	Months	Days
76	7	2	0
Sex	Male	Color or Race	Occupation
Married, Single or Widowed	Married	White	Gettysburg Pa Unable to work
Name of Wife or Husband			
Father's Name			
Mother's Maiden Name			
Name of person giving information			
How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Afflexy

64

How long

2 hrs.

Immediate

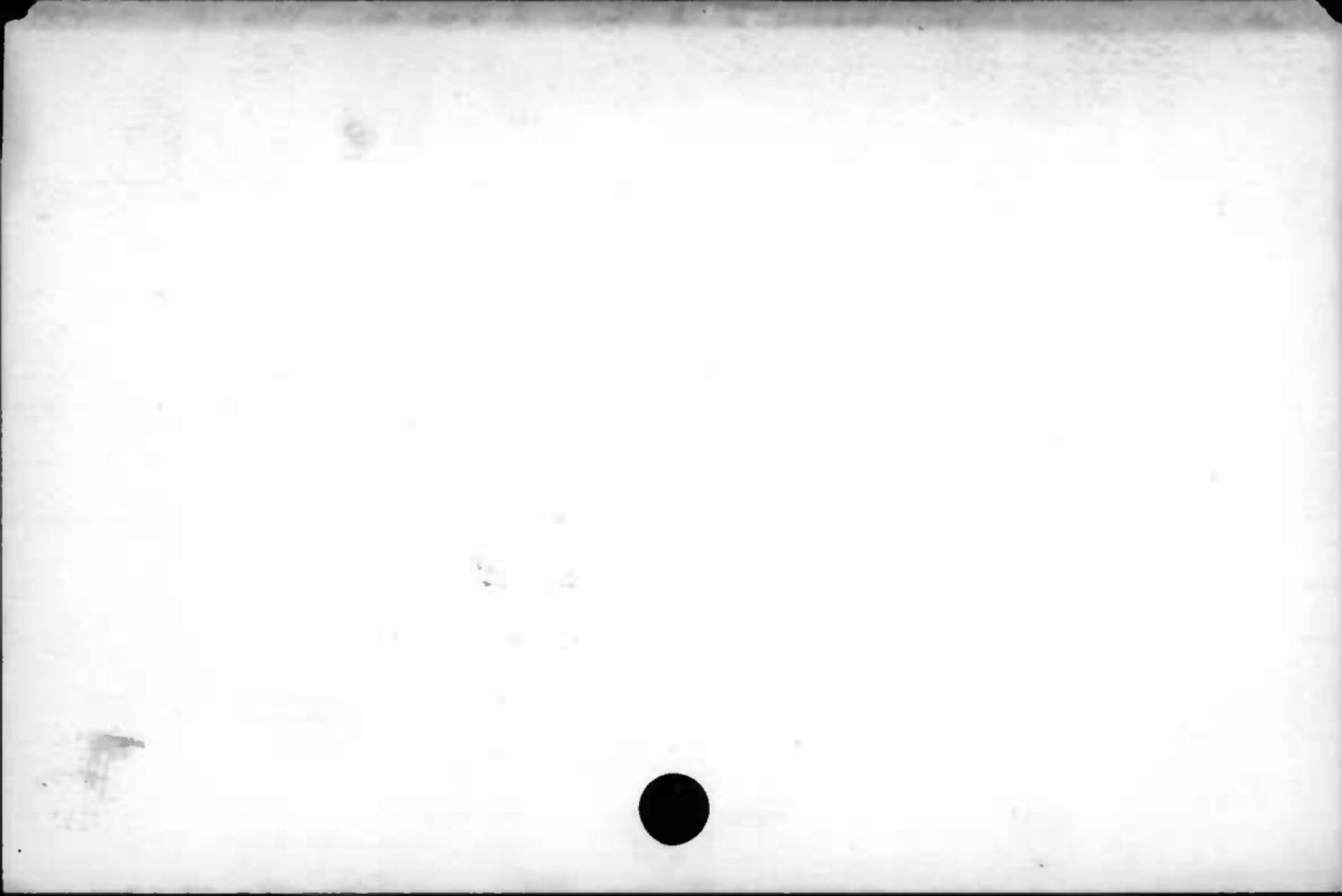
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J Clyde Routon
Buckystown

Accident or Suicide?



Name
in
Full

Miss Clara Barton

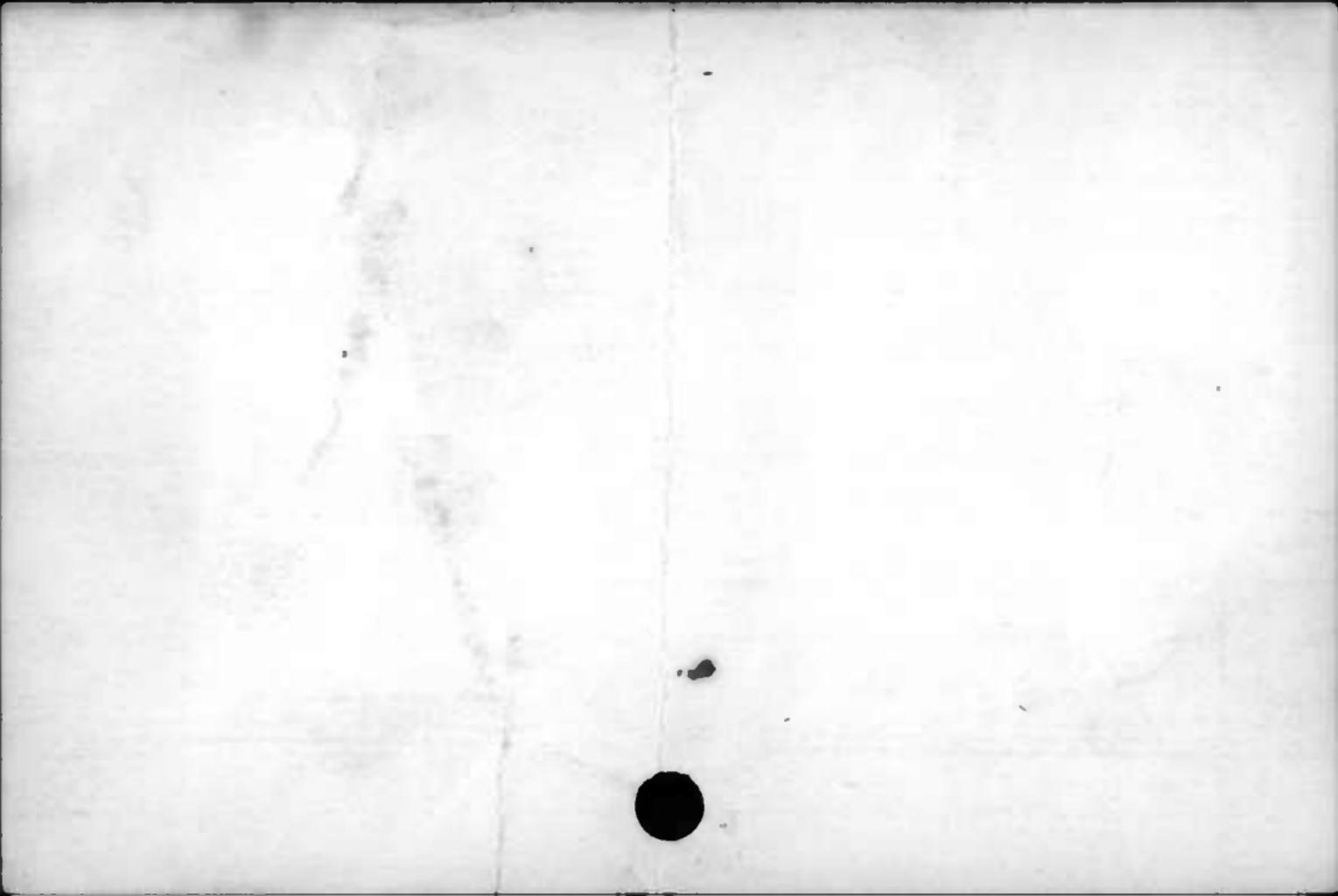
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Where Residing if not at place of death			
Occupation					
Married, Single or Widowed	Name of Wife or Husband	Nelson Barton			
Father's Name	Wm J. Zoppen		Father's Birthplace	Maryland	
Mother's Maiden Name	Catherine Is. Mirel		Mother's Birthplace	Maryland	
Name of person giving Information	Nelson Barton		How related to deceased	Husband	

CAUSES OF DEATH

Primary	Cancer of uterus		How long	2 years
Immediate	Shock following operation		How long	8 hours
Are the name, age, sex, color, date and place correctly given above?	Yes,	Signature of Physician	J.B. Johnson	
		Address	Frederick, Md.	
Accident or Suicide?	No.			



Name
in
Full

Jno. Peter Brookey

To BE ANSWERED BY
NEAREST FRIEND

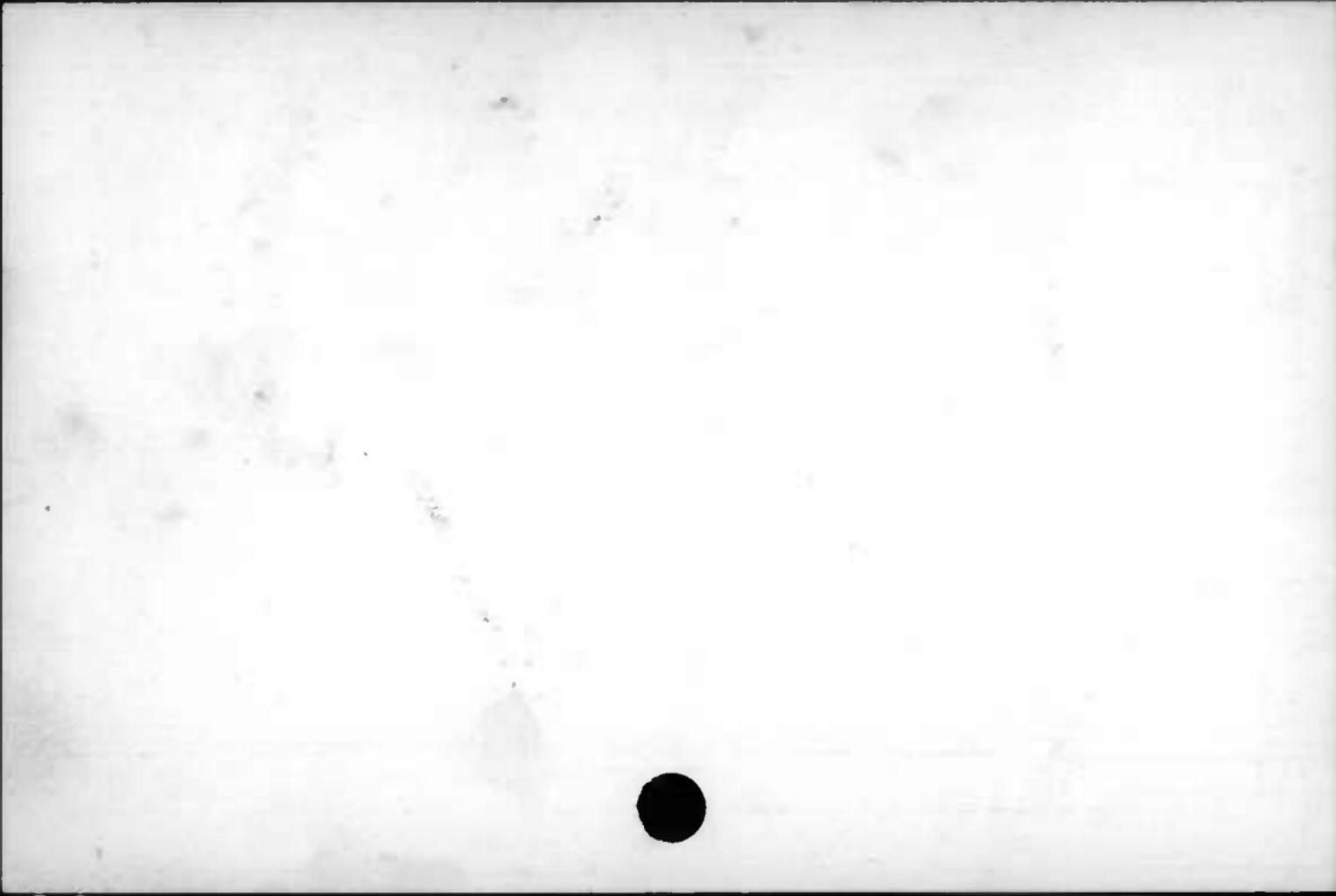
CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Died at	Frederick	Frederick			
Date of death	Month	Day	Years	Months	Days
1905	Nov.	15	Age 71	11	15
Sex	Male	Color or Race	white	Birth-place	Prussia
Occupation	Brick merchant	Where Residing if not at place of death	at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Ellen Ford	Father's Birthplace	Prussia
Father's Name	Ignatius Brookey	Mother's Birthplace			
Mother's Maiden Name	Mary Grapé	Mother's Birthplace	"		
Name of person giving Information	Ellen Ford	How related to deceased	wife		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Chronic Bronchitis	(a)	How long	20 years
Immediate	Exhaustion	(b)	How long	2 weeks
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	LaBurke MD	
		Address	23 E. Church St Frederick Md.	
Accident or Suicide?	Neither			



Name
in
Full

Joseph Bruehley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Pearl	Frederick		Months	Days
Date of death	Month	Day	Years	
1905	11	15	Age	18
Sex	male	Color or Race	White	Birth-place
Occupation	Laborer	Where Residing if not at place of death	X	
Married, Single or Widowed	Single	Name of Wife or Husband	X	
Father's Name	Howard Bruehley	Father's Birthplace	Md	
Mother's Maiden Name	Minnie Ricketts	Mother's Birthplace	Md	
Name of person giving information	Howard Bruehley	How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Traumatic	How long	15 days
Immediate	Retinamus	How long	4 days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	R. G. Long
		Address	City:
Resident or Suicide?			

Mt. Oliot

T.P. Rice

Name
in
Full

Miss Clara A. Buck

CERTIFICATE OF DEATH

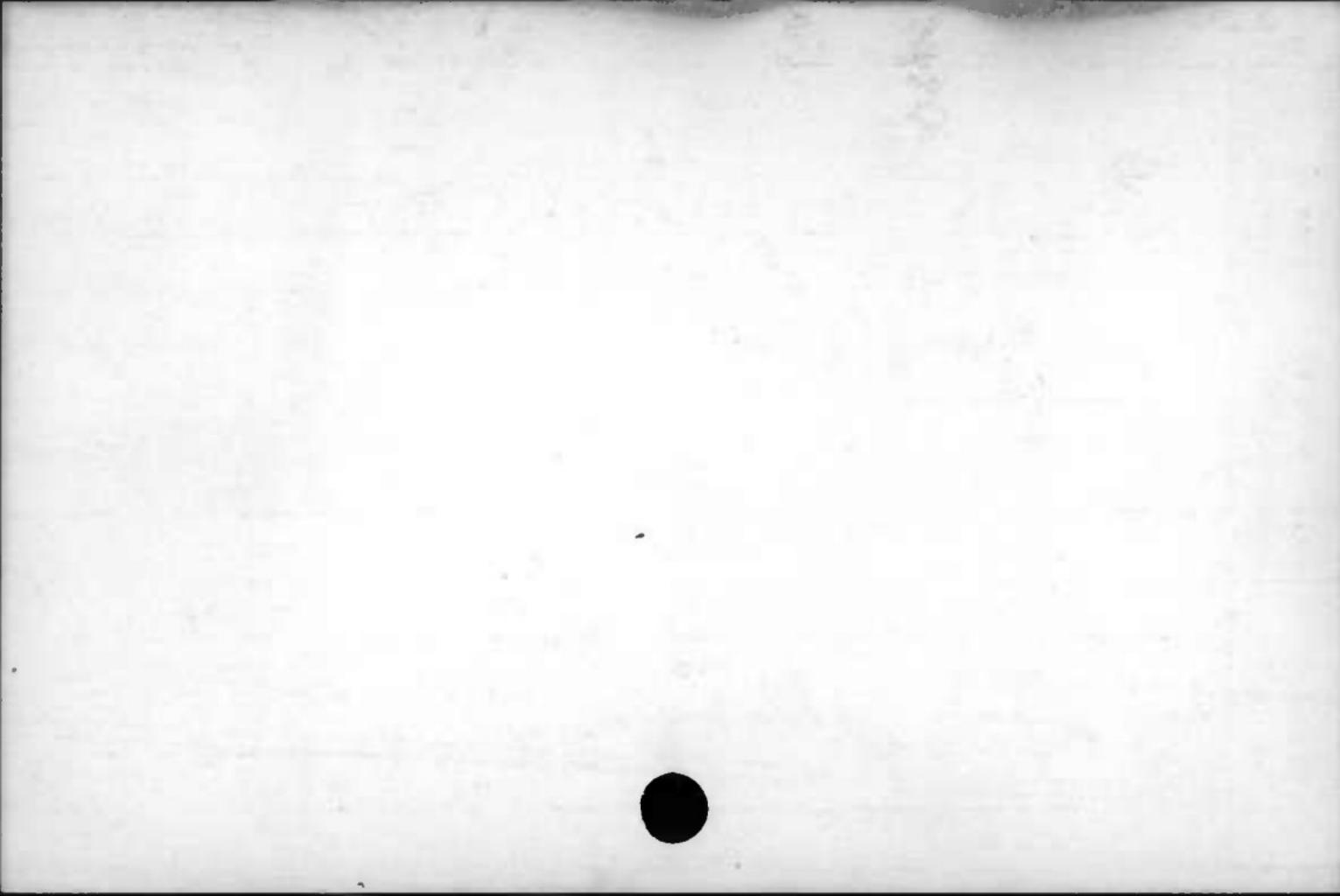
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
1905	Nov.	19	42	8	4
Sex	Female	Color or Race	White	Birth-place	Frederick md
Occupation	Housekeeper	Where Residing if not at place of death at 28 Telegraph St Fredk			
Married, Single or Widowed	Single	Name of Wife or Husband	None	Father's Birthplace	Germany
Father's Name	Joseph Buck			Mother's Birthplace	Fredk Co.
Mother's Maiden Name	Mary Young			How related to deceased	Father
Name of person giving information	Joseph Buck			(179)	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Passive Hyperaemia of Liver		How long	2 weeks
Immediate	Cardiac Asthenia		How long	3 days
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	LaDuke md
			Address	23 S Church St
Accident or Suicide?		neither		Frederick



Name
in
Full

Lutti Burns

CERTIFICATE OF DEATH

To BE ANSWERED BY

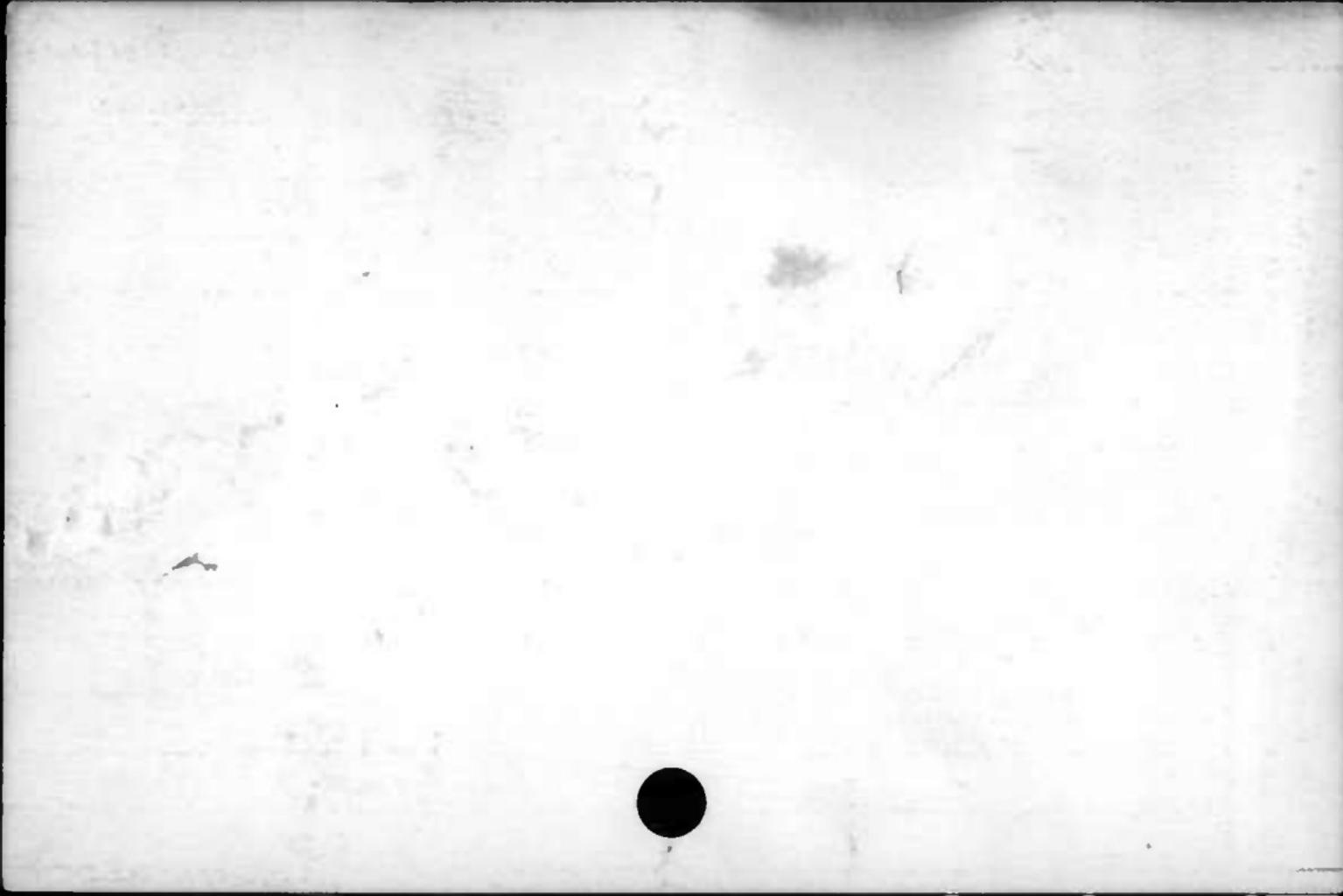
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Petworth	Fredrick-				
Date of death	Month	Day	Years	Months	Days
1901	Nov	15	28		
Sex	Color or Race	Birth-place		Mrs	
Female	Blk				
Occupation	Where Residing if not at place of death				
Hayer wch					
Married, Single or Widowed	Name of Wife or Husband				
Single	Stone. Burns				
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information	How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Grp. Committor fire. by Malignant Oedema 104	How long	7 days
Immediate		How long	2 days
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	Lavin West	
Yes	Address	Beverly Street died	
Accident or Suicide?			



Name
in
Full

Benjamin E. Party

CERTIFICATE OF DEATH

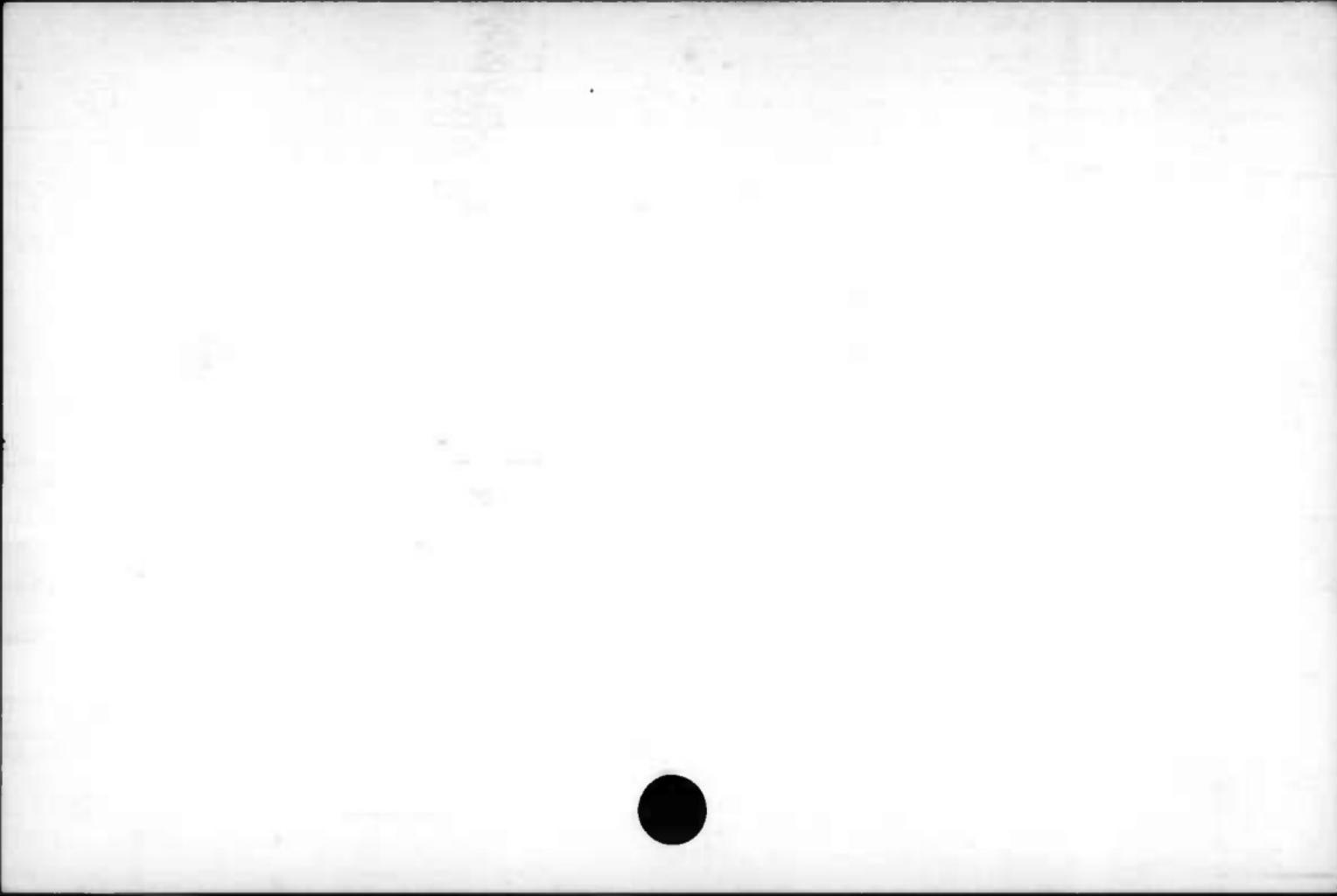
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1905	Month Nov.	Day 24	Years 61	Months 9	Days 29.
Sex Male	Color or Race white	Birth-place	Md		
Married, Single or Widowed	Occupation				
Name of Wife or Husband Minnie M. Party					
Father's Name Geo. W. Party			Father's Birthplace Md		
Mother's Maiden Name Theba Ann Gibson			Mother's Birthplace Md		
Name of person giving Information Minnie M. Party			How related to deceased wife.		

CAUSES OF DEATH

PHYSICIAN
ON CORONER

Primary Nephritis (Chronic) & General arterio-sclerosis	How long years
Immediate Obstruction of urine causing (several hours)	How long one year (about)
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician B. H. Hoke M.D.
	Address Meyersville Md.
Accident or Suicide?	



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Samuel Cecil					CERTIFICATE OF DEATH	
Died at	Town	County	MARYLAND			
Date of death	Month	Day	Age	Years	Months	Days
Sex	Color or Race	Birth-place				
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband	Catherine Murphy				
Father's Name	Kammeletha Cecil	Father's Birthplace	Md.			
Mother's Maiden Name	of Georgia	Mother's Birthplace	Md.			
Name of person giving information	Bula Cecil	How related to deceased	niece			

CAUSES OF DEATH

Primary

Aphoplexy

64

How long

Sudden

Immediate

Paralysis

How long

suspected

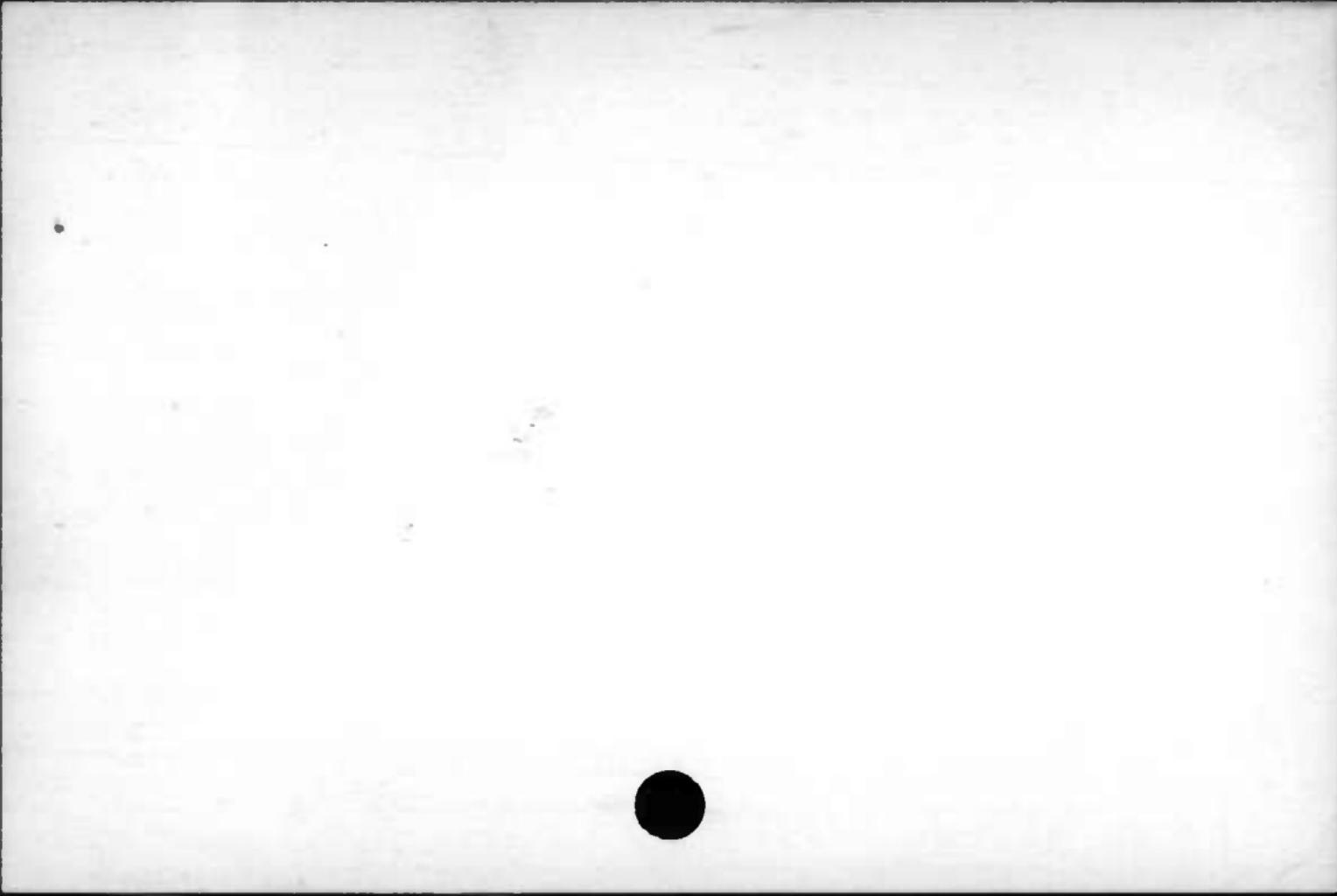
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

E. E. Walling -
Urbana -
Md.

Accident or Suicide?



Name
in
Full

James G. Cooker

CERTIFICATE OF DEATH

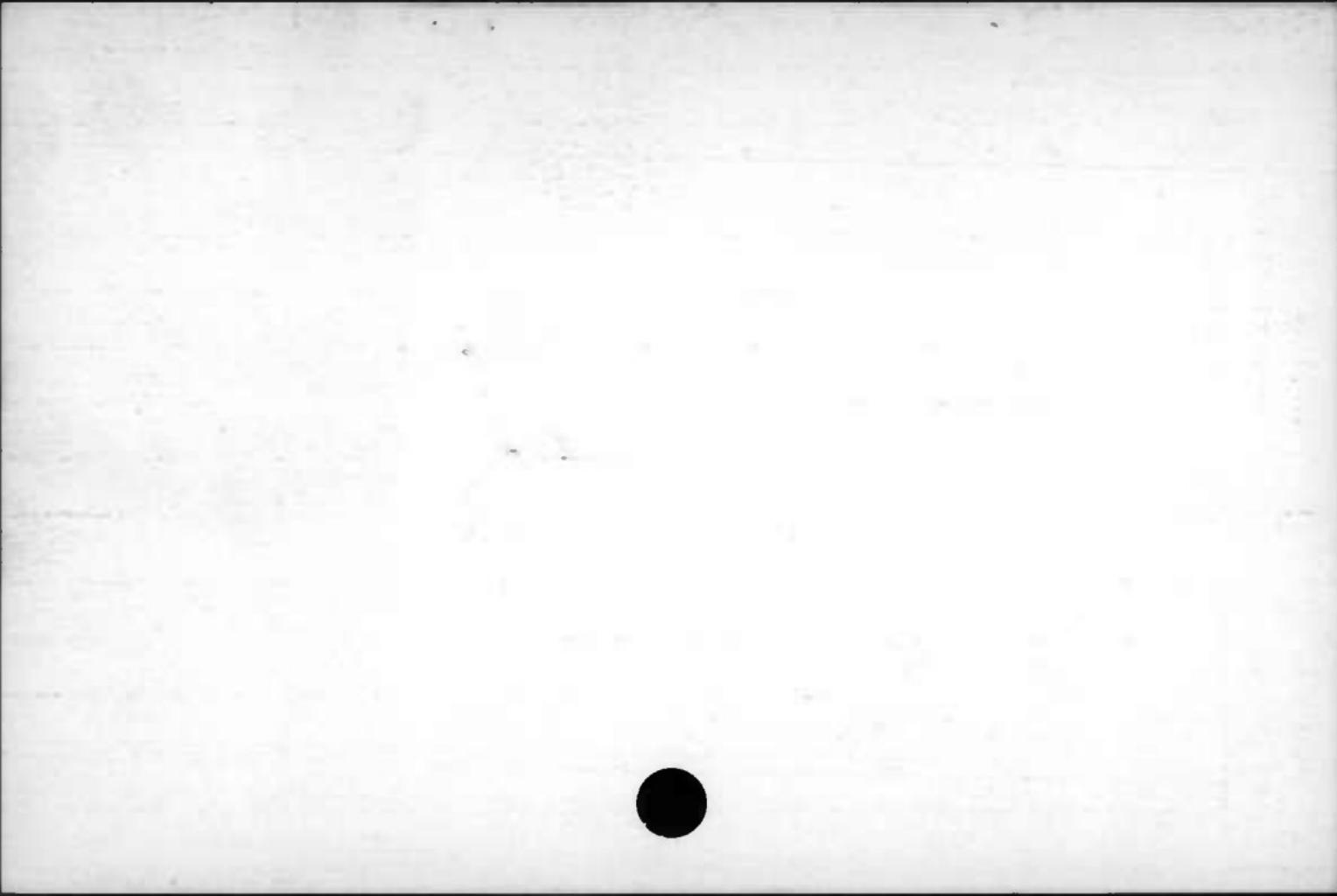
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Charles Cooker	Father's Birthplace	Va		
Mother's Maiden Name	Ellen E Leehood	Mother's Birthplace	Md		
Name of person giving information	charles cooker	How related to deceased	Father		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Congenital Cyanosis		How long	since Birth
Immediate	Passive Pulmonary Congestion		How long	6 weeks
Are the name, age, sex, color, date and place correctly given above?	no	Signature of Physician	Al Horine	
		Address	Brunswick Md	
Accident or Suicide?	no			



Name
in
Full

William L. Crown

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at

Town
Frederick

County

Frederick

MARYLAND

Date
of death

1905 Nov.

Month

Day
21

Years
6

Months
2

Days
16

Sex

Male

Color or
Race

white

Birth-
place

Baltimore, Md.

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

William F. Crown

Father's
Birthplace

Frederick Co., Md.

Mother's
Maiden Name

Emma E. Fisher

Mother's
Birthplace

Baltimore, Md.

Name of person giving
Information

Wm. F. Crown

How related
to deceased

Father

CAUSES OF DEATH

Primary

Scarlet fever - Cervical Adenitis

How long

4 weeks

Immediate

Atherosclerosis

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

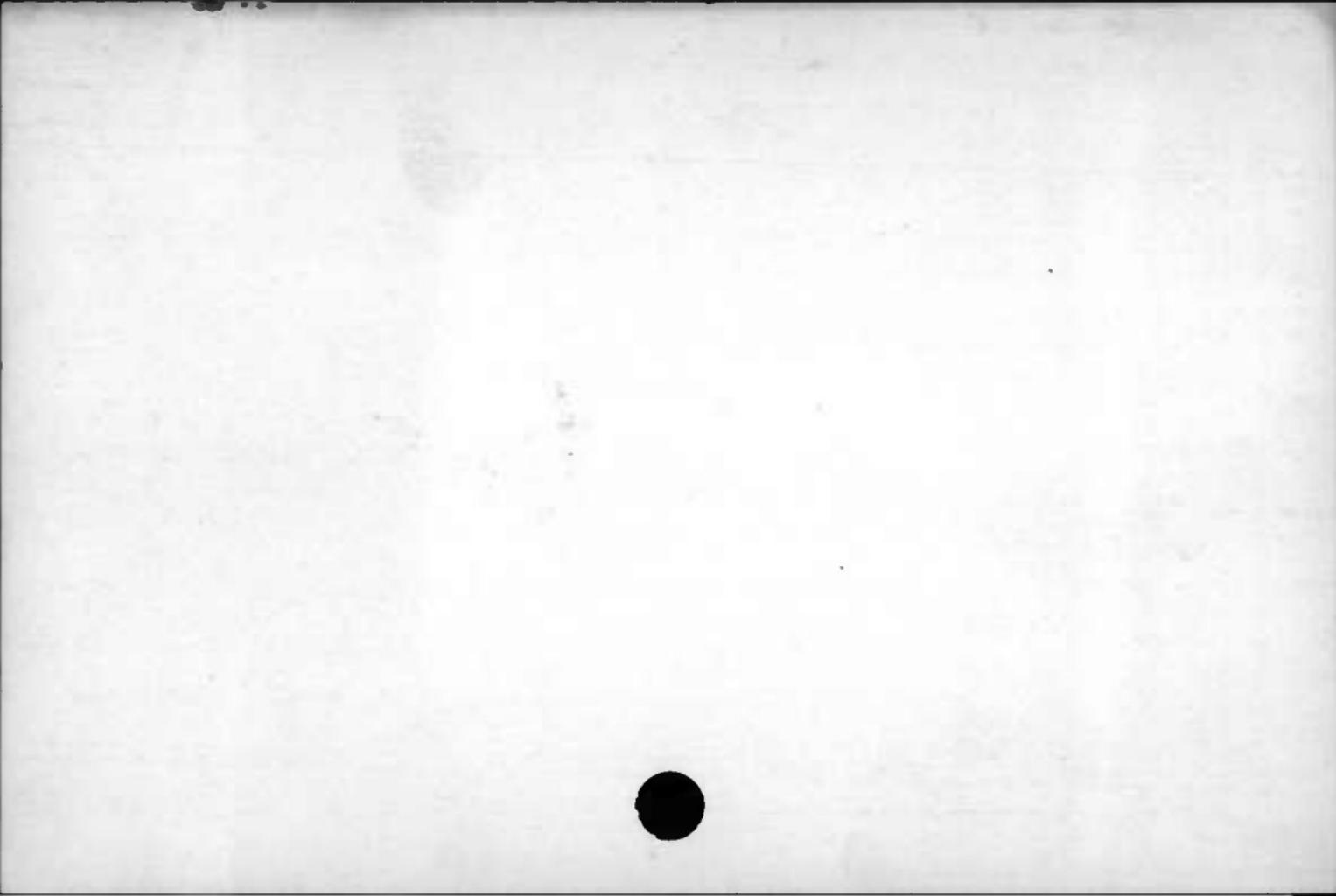
Signature of
Physician

Address

J. J. Hendrix, M.D.,
Frederick, Md.

Accident or Suicide?

No



Name
in
Full

Martha A. D. Ayton

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at

13 Remond

Town

County

Frederick

MARYLAND

Date
of death

190

Month
Nov

Day
14

Years
59

Months
1

Days
12

Sex

Female

Color or
Race

Age

white

Birth-
place

Md

Occupation

House work

Where Residing if not
at place of death

Married, Single
or Widowed

widow

Name of Wife or
Husband

Jno. W. Dawson

Father's
Name

Jmes Celia

Father's
Birthplace

Mother's
Maiden Name

Ruthinda Celia

Mother's
Birthplace

Name of person giving
Information

Sam Snost

How related
to deceased

Son in law

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Heart trouble

How long

Heart trouble

Immediate

— —

dead

How long

about 2 years after buying them

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

Lemie Barth

Baltimore, Md.

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

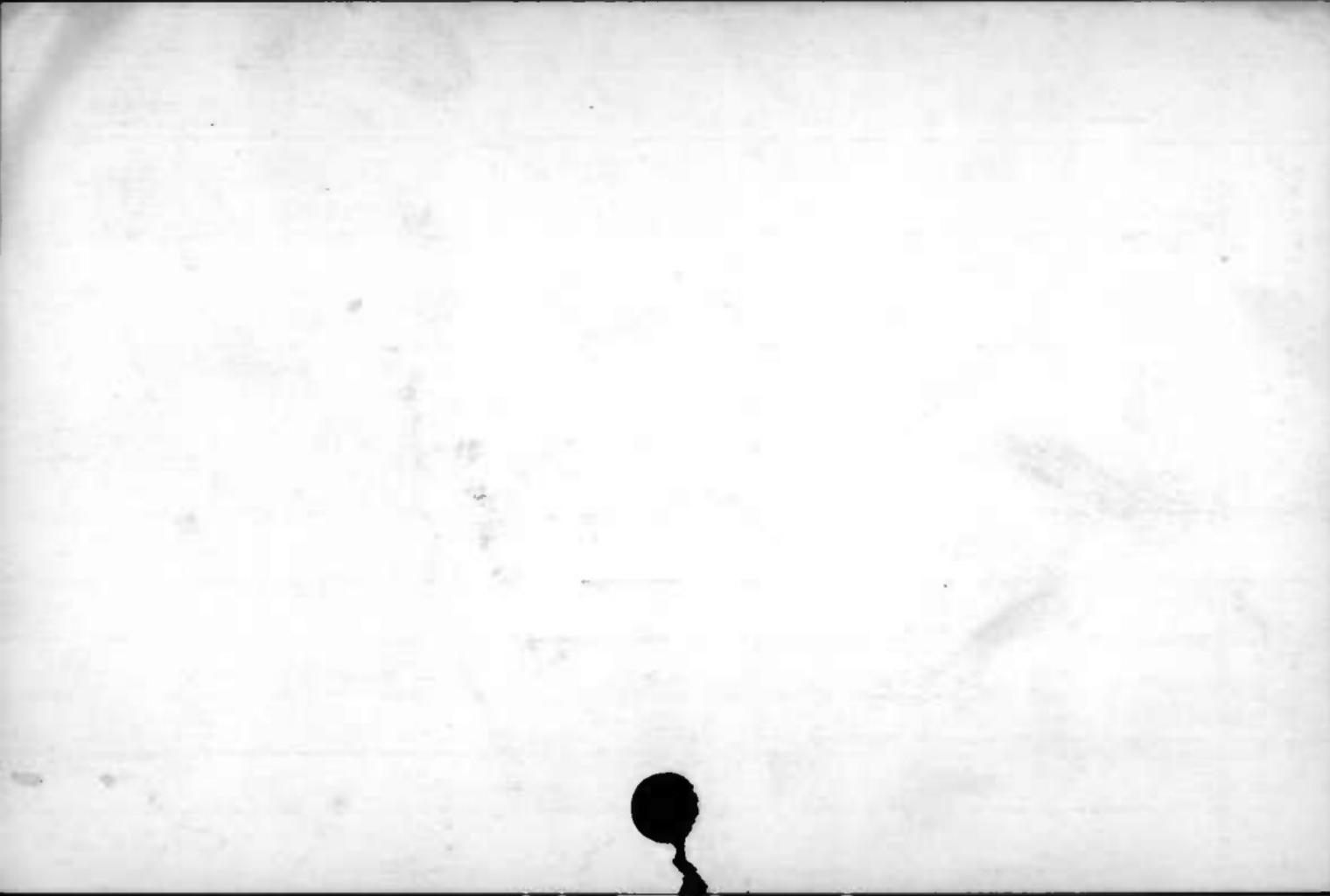
Mary E. Hess.

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1905	Nov	26	54	8	14	
Sex	Female.	Color or Race	Whit-	Birth-place	Bryesville	
Occupation	House wife		Where Residing if not at place of death	Cornelia Hess		
Married, Single, or Widowed	Name of Wife or Husband		Father's Name	Penn		
Wm. Metzger	Lydia E. Toms		Wm. Metzger	Ind		
Mother's Maiden Name	Name of person giving information		Mother's Birthplace	Husband		
	Cornelia Hess.		How related to deceased			

CAUSES OF DEATH

Primary	Diabetes Mellitus.	How long	2 years
Immediate	Paralysis	How long	36 hours
Are the name, age, sex, color, date and place correctly given above?	Yyes	Signature of Physician	A. D. S. Young,
		Address	Breagerstown, Freck' Co.
Accident or Suicide?			



Name
in
Full

Lula M Eby

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Female	Color or Race	White	Birth Place	Bethesda, Md.
Occupation	Wife	Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Perry Eby	Father's Birthplace	
Father's Name	John F. Eby	Mother's Maiden Name	Conelia A. Burkhardt	Mother's Birthplace	
Name of person giving information	M. L. Orger	How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary ~~Acute nephritis~~ How long

Immediate ~~Puerperal Convulsions~~ How long

Are the name, age, sex, color, date and place correctly given above?

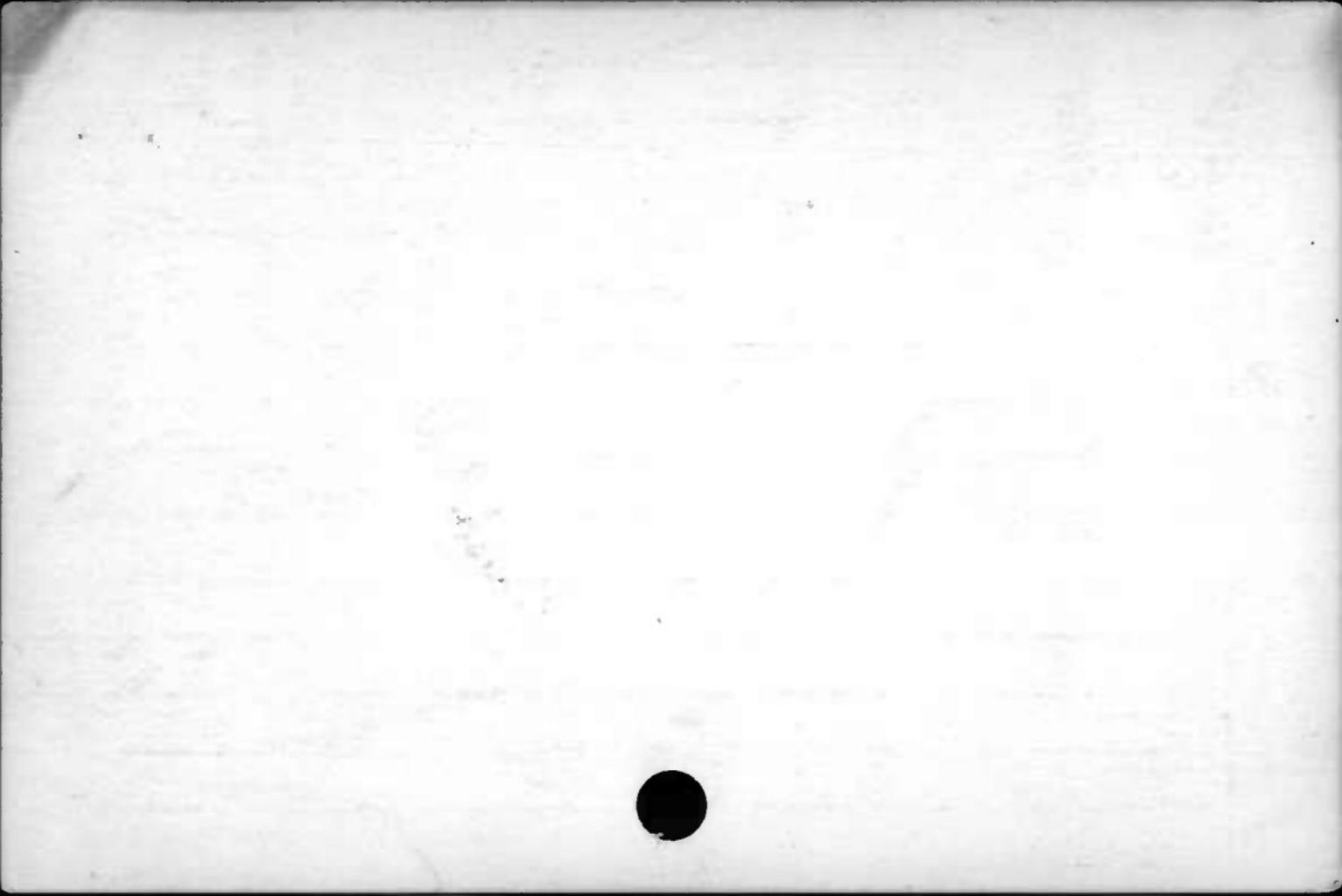
Yes

Signature of Physician

Address

Morris G. Baily
of Remond

Accident or Suicide?



Name
in
Full

William Esterly

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Monteau Hospital	Frederick		
Date of death 1905	Month Nov	Day 1	Years 76
Age	Months	Days	
Sex Male	Color or Race White	Birth-place	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name		Father's Birthplace	
Mother's Maiden Name		Mother's Birthplace	
Name of person giving information		How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Epidelionoma	How long
Immediate	Exhaustion	How long

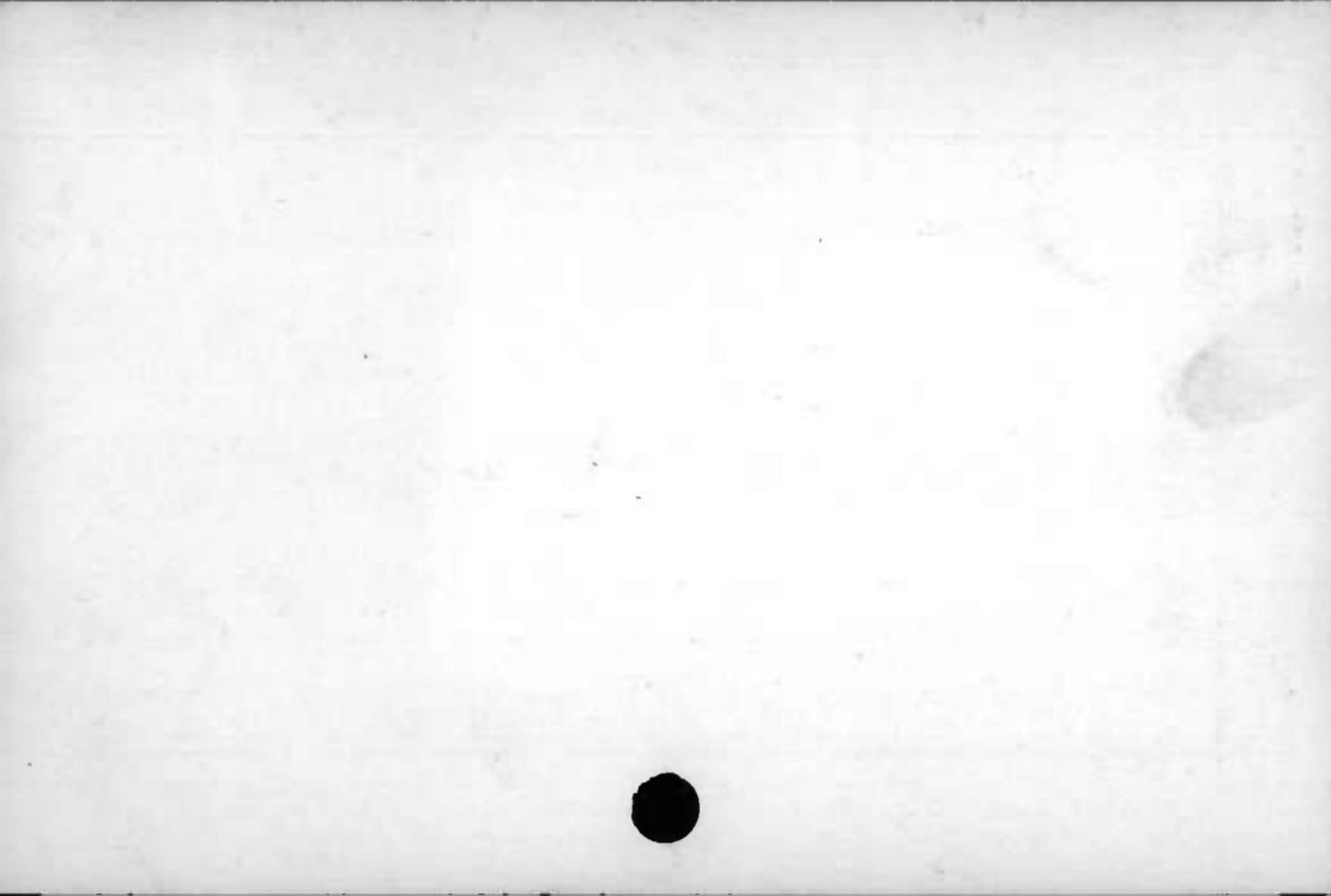
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

R. D. Lyson.
Frederick
Md.

Accident or Suicide?



Name
in
Full

Charles Henry Fisher 9/11/11

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town <u>Burkittsville</u>	County <u>Frederick</u>	MARYLAND		
Date of death	Month <u>Nov</u>	Day <u>9</u>	Years <u>74</u>	Months <u>8</u>	Days <u>-</u>
Sex	Male.	Color or Race <u>Colored</u>	Birth-place <u>Md.</u>		
Occupation	<u>Blacksmith</u>				
Married, Single or Widowed	Where Residing if not at place of death <u>Mary Fisher</u>				
Father's Name	<u>Don't know.</u>				
Mother's Maiden Name	<u>"</u>				
Name of person giving information	<u>May Fisher</u>				

CAUSES OF DEATH

Primary	<u>Gumshot fracture of left leg.</u>	How long <u>4 days.</u>
Immediate		How long

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

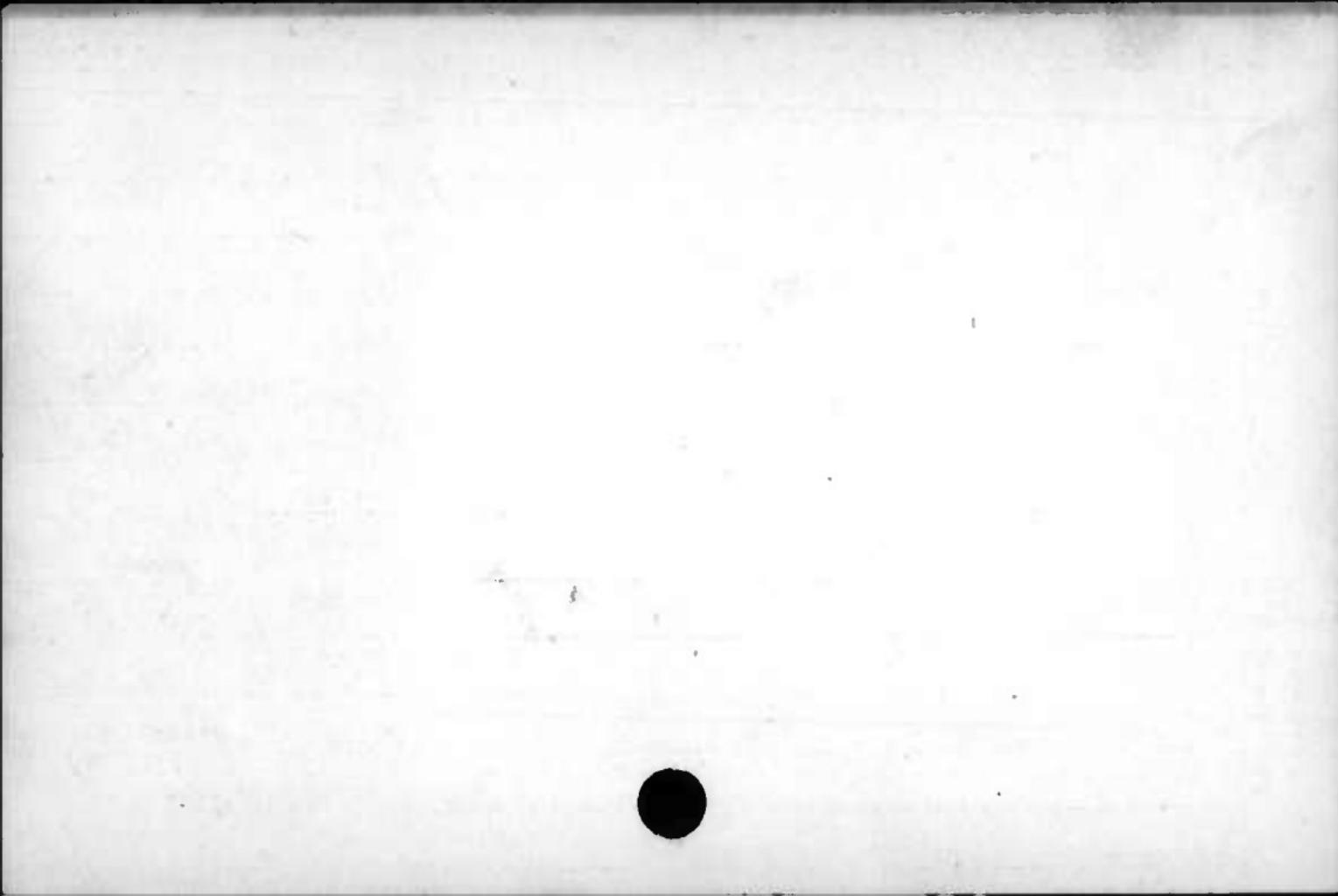
C. H. Schulte &
Burkittsville

Address

Accident or Suicide?

Accidental (m)

Md.



Name
in
Full

George Arnold Fowler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	85-	10	26
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Margret Fowler			
Father's Name	Geo. Fowler				
Mother's Maiden Name					
Name of person giving information	John Metzal				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	General debility	How long
Immediate		How long

Are the name, age, sex, color, date and place correctly given above?

yes.

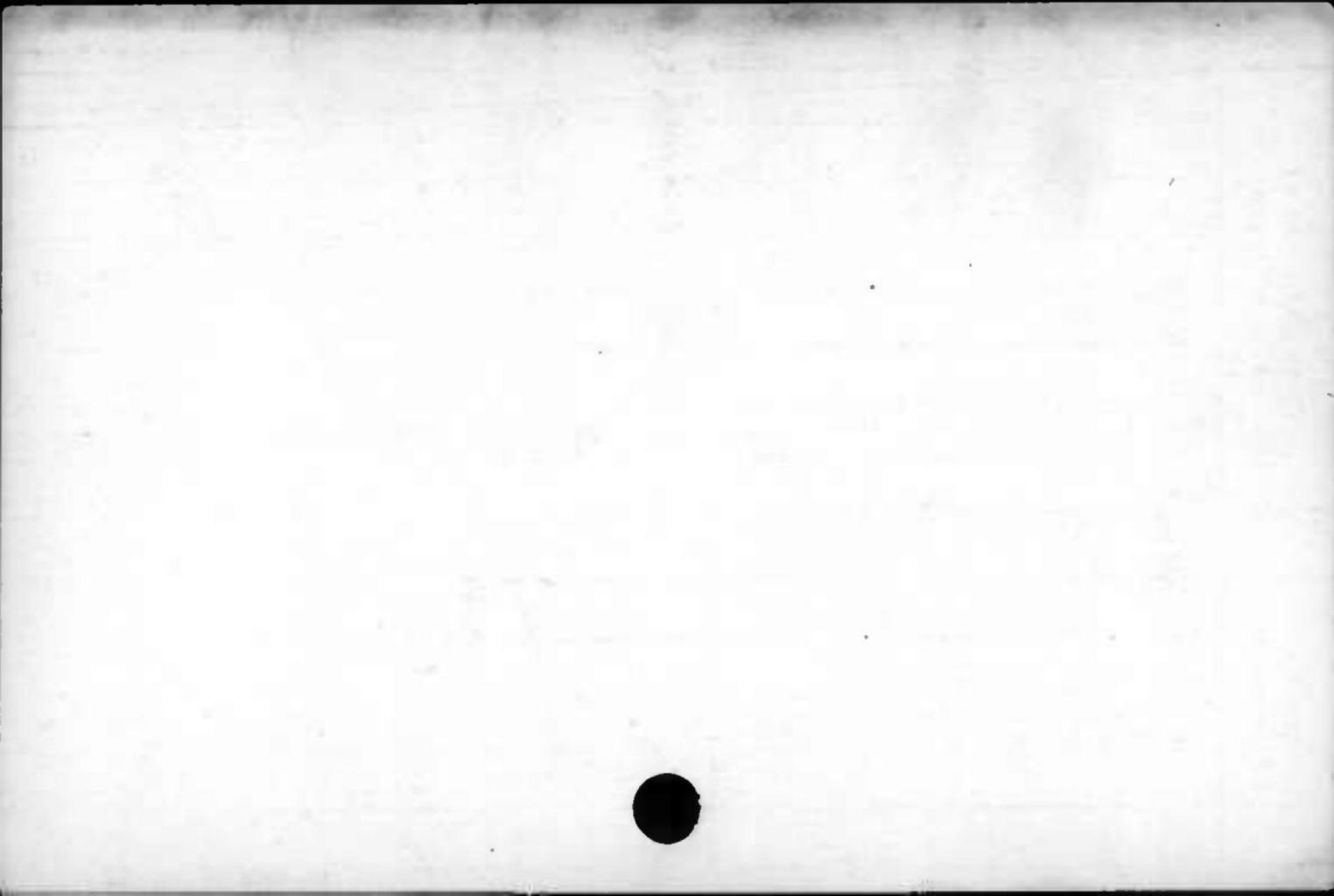
Signature of Physician

Address

Ira E Whitehead MD

New Windsor
Maryland

Accident or Suicide?



Name
in
Full

Elizabeth Fox

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1905	Nov.	20	80	1	28
Sex	Female	Color or Race	white	Birth-place	Md.
Occupation	Housewife				
Married, Single or Widowed	Where Residing if not at place of death				
widowed					
Father's Name	Name of Wife or Husband				
Christian Hanver					
Mother's Maiden Name	Father's Birthplace				
Mary Brown	Md.				
Name of person giving information	Mother's Birthplace				
Maggie Wolfe	Md.				
How related to deceased					
daughter					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Aortic Regurgitation

How long

7 months

Immediate

Are the name, age, sex, color, date and place correctly given above?

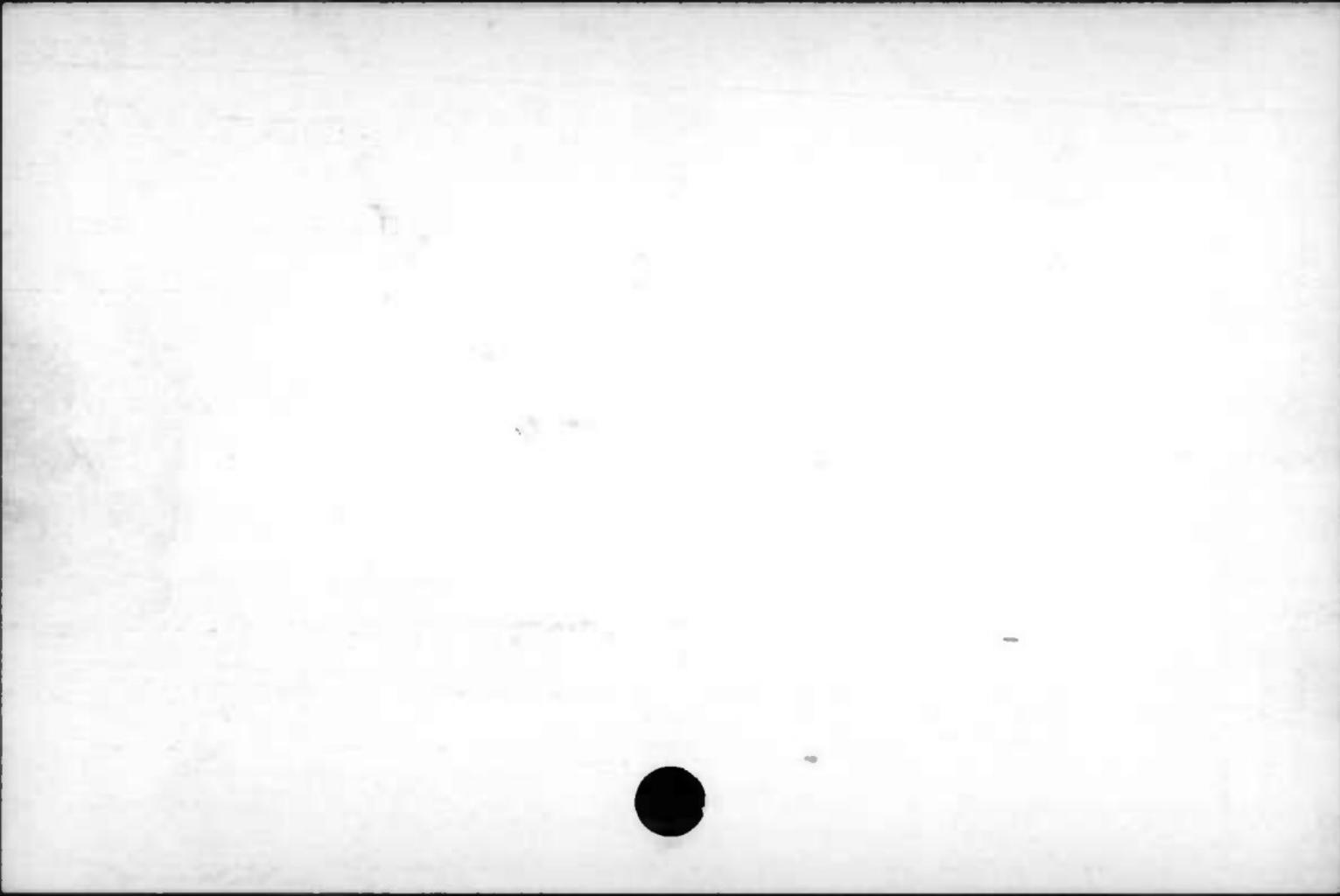
yes

Signature of Physician

Address

A. J. Smith
Fowleville
Md.

Accident or Suicide?



Name
in
Full

Edward H. Troxier

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Town <i>Fredrick</i>	County <i>Fredck</i>	MARYLAND	
Died at <i>Fredrick</i>	Date of death <i>1905</i>	Month <i>11</i>	Day <i>16</i>
Age <i>79</i>	Years <i>79</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>Wh</i>	Birthplace <i>Md</i>	
Occupation <i>Retail Cigar merchant</i>	Where Residing if not at place of death <i>X</i>		
Married, Single <i>Widowed</i>	Name of Wife or Husband <i>+ (Signature)</i>		
Father's Name <i>Henry Troxier</i>	Father's Birthplace <i>Md</i>		
Mother's Maiden Name <i>Catharine Morrison</i>	Mother's Birthplace <i>Md</i>		
Name of person giving information <i>John Troxier</i>	How related to deceased <i>nephew</i>		

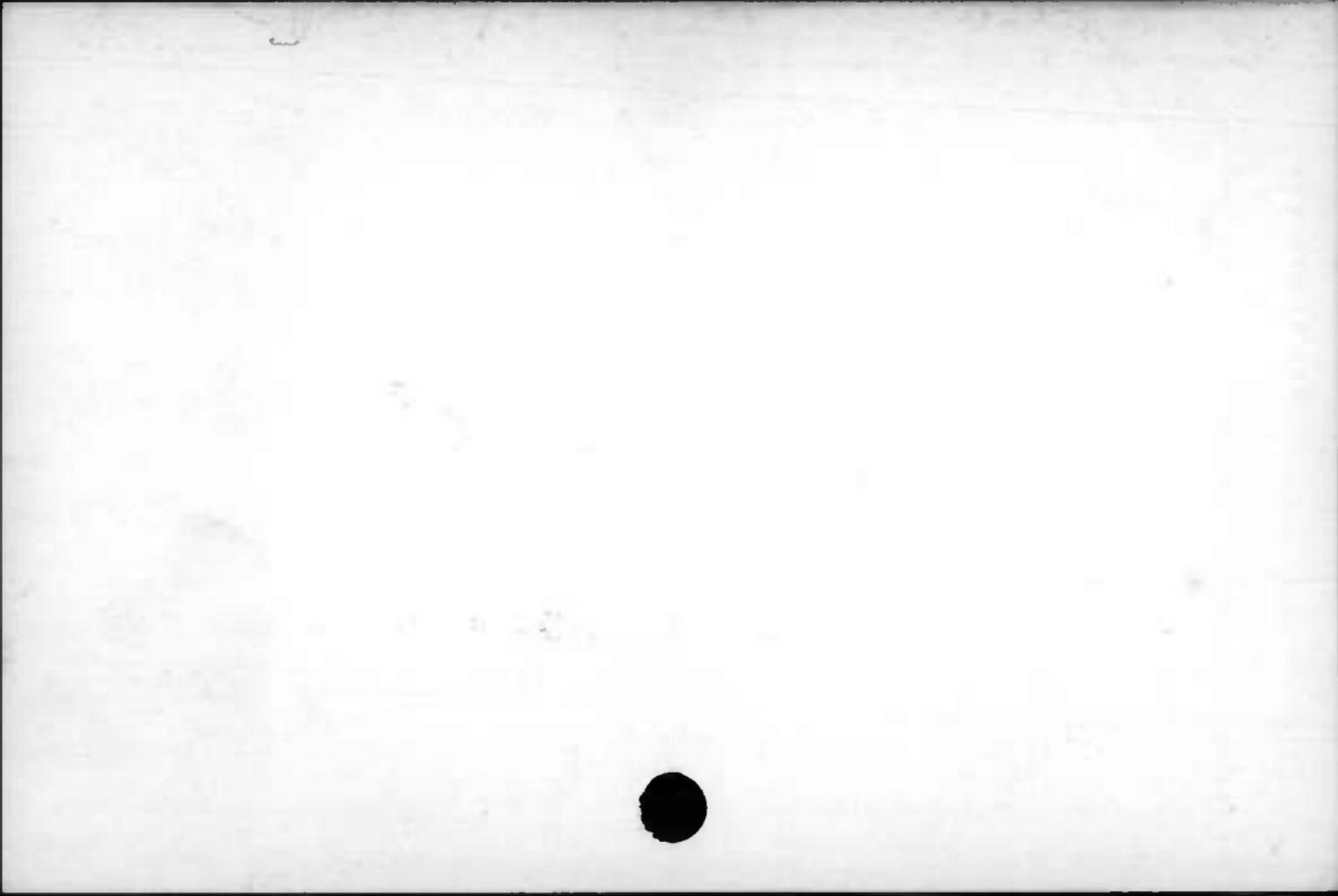
CAUSES OF DEATH

Primary <i>Senile Debility</i>	How long <i>2 years</i>
Immediate <i>Paralysis</i>	How long <i>1 day</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>(Signature)</i>

Accident or Suicide?
No

Address

*O. T. Goodell - M.D.
Fredrick.*



Name
in
Full

Daniel E. Hall.

CERTIFICATE OF DEATH

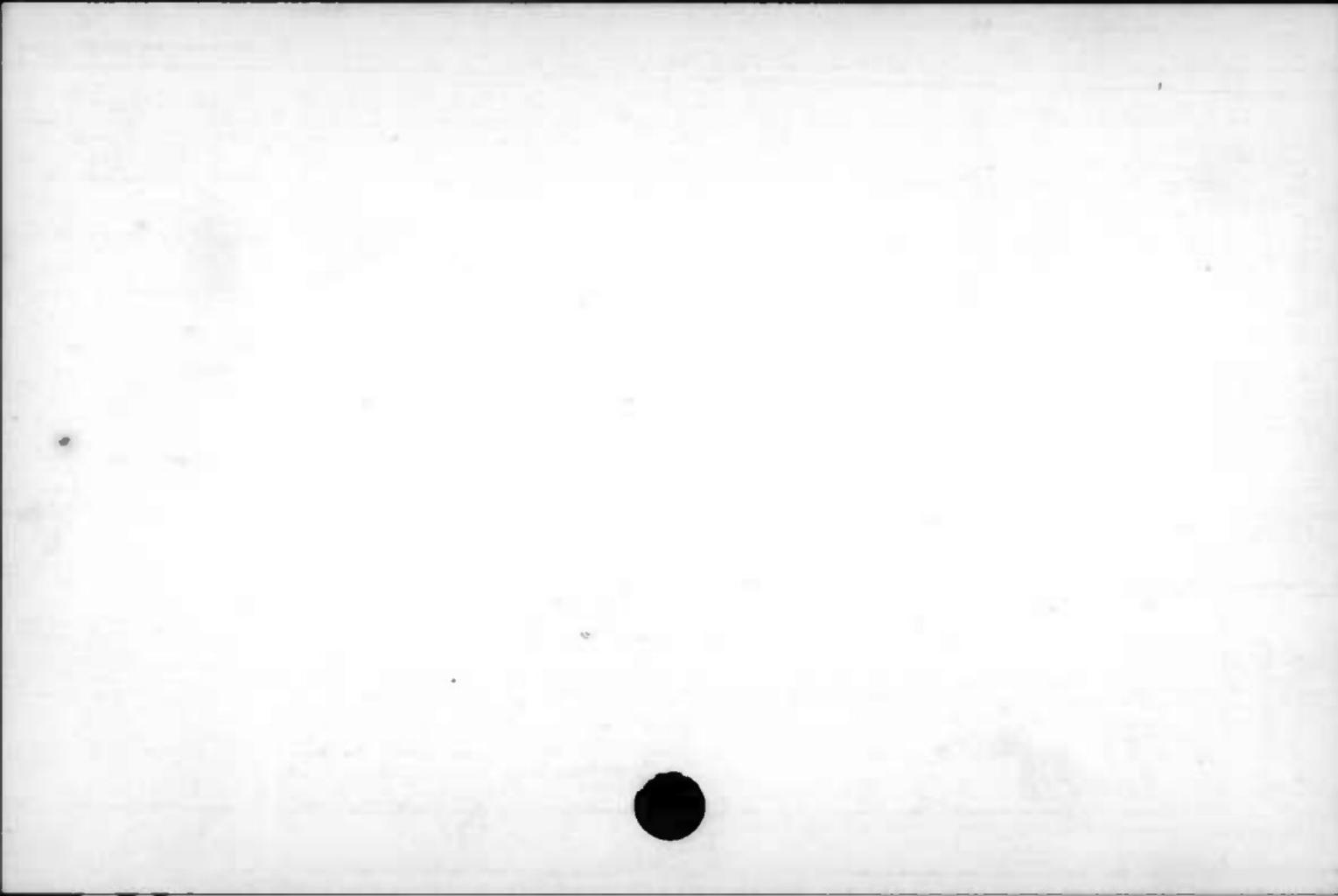
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	Month	Day	Years	—	Months	Days	
1905	11	24	Age	—	8	16	
Sex	Color or Race		Birth-place				
Male	Black		City				
Occupation			Where Residing if not et place of death		Same		
Married, Single or Widowed	Name of Wife or Husband						
Single							
Father's Name	Bernard Hall.		Father's Birthplace		Med		
Mother's Maiden Name	Alice Murdock		Mother's Birthplace		City		
Name of person giving information	Mrs. Hall		How related to deceased		Mother		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Indigestion	How long	several hours
Immediate	Convulsions	How long	Half hour
Are the name, age, sex, color, date and place correctly given above?	yes.	Signature of Physician	None in attendance
Accident or Suicide?	—	Thomas P. Rice Funeral Director	



Name
in
Full

Harry E Hartman

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Town County MARYLAND
Emmitsburg Frederick
Date Month Day Years Months Days
of death 1905 11 27 22 11 14
Sex Male Color or Race White Birth-place Md
Occupation Where Residing if not
at place of death

Married Single
or Widowed

Name of Wife or
Husband

Father's
Name

Daniel Hartman

Father's
Birthplace

Pa

Mother's
Maiden Name

Annie Hartman

Mother's
Birthplace

"

Name of person giving
Information

Daniel Hartman

How related
to deceased

Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Epilepsy

How long

11 years

Immediate

Epilepsy

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Robert L. Ammar
Emmitsburg Md.

Address

Accident or Suicide?





Name
in
Full

Ida Louise Hoffman M M

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Day:
Sex	Female	Color or Race	Ortiz	Birth-place	Md
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			Ezra Hoffman Jr.	Father's Birthplace	Frederick
Mother's Maiden Name			Jerry Kreh	Mother's Birthplace	Md
Name of person giving information			Ezra Hoffman Jr.	How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Prematurity

16D

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Frank Hedges
Frederick,

Accident or Suicide?

Molasses

6.6.6

11/2 1905-

Name
in
Full

Helen Catherine Holland.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1905	Jan	2	Age	3	3	
Sex	Female	Color or Race	Colored	Birth-place	Md.	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Edward Holland		Father's Birthplace	Md		
Mother's Maiden Name	Alice Rose		Mother's Birthplace	Md.		
Name of person giving Information	Mother.		How related to deceased	Mother.		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Malnutrition (✓) How long from birth.
Immediate Cardiac Failure. How long

Are the name, age, sex, color, date and place correctly given above?

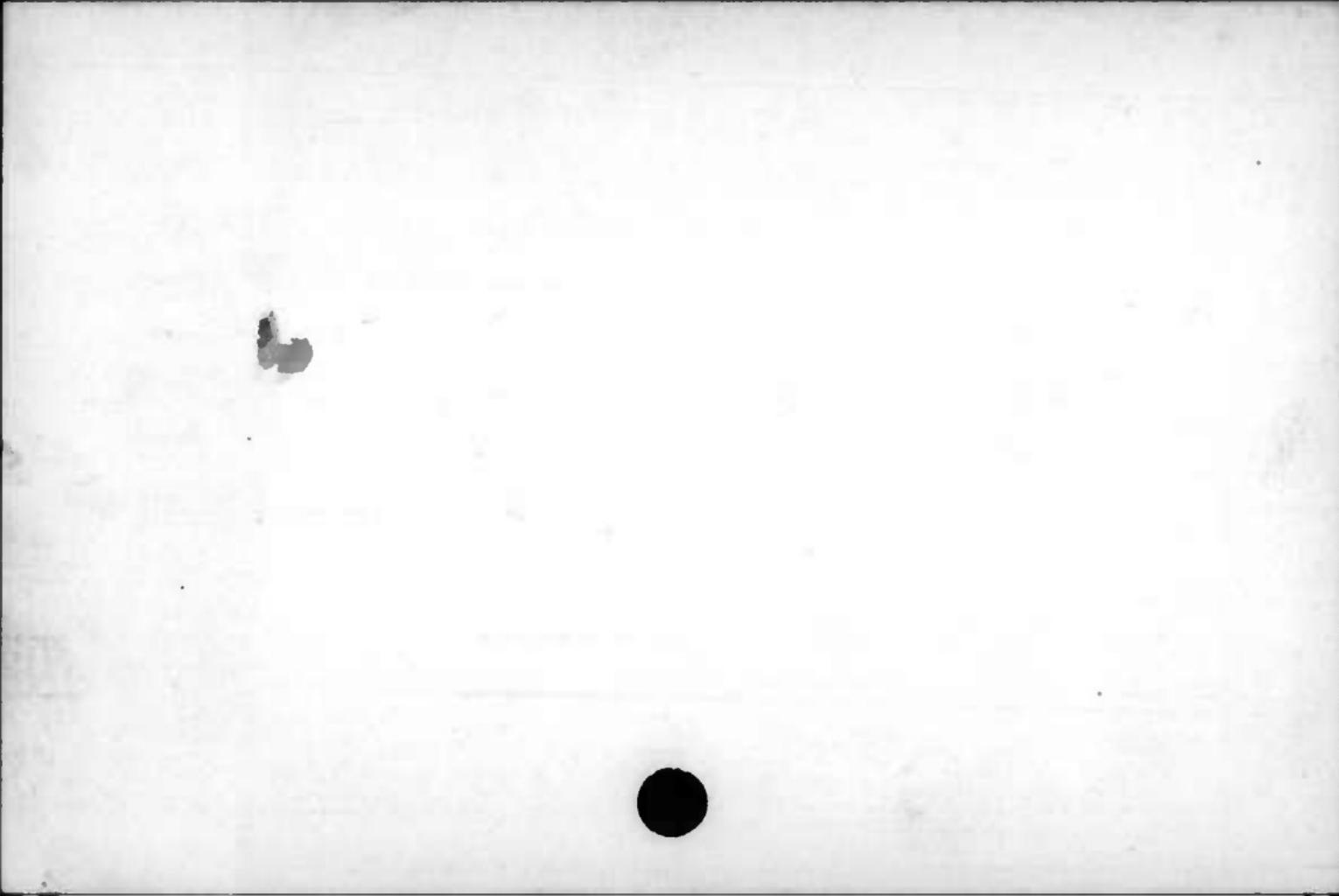
yes.

Signature of Physician

Address

C. U. Schiltzner,
Baltimore,
Md.

Accident or Suicide?



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

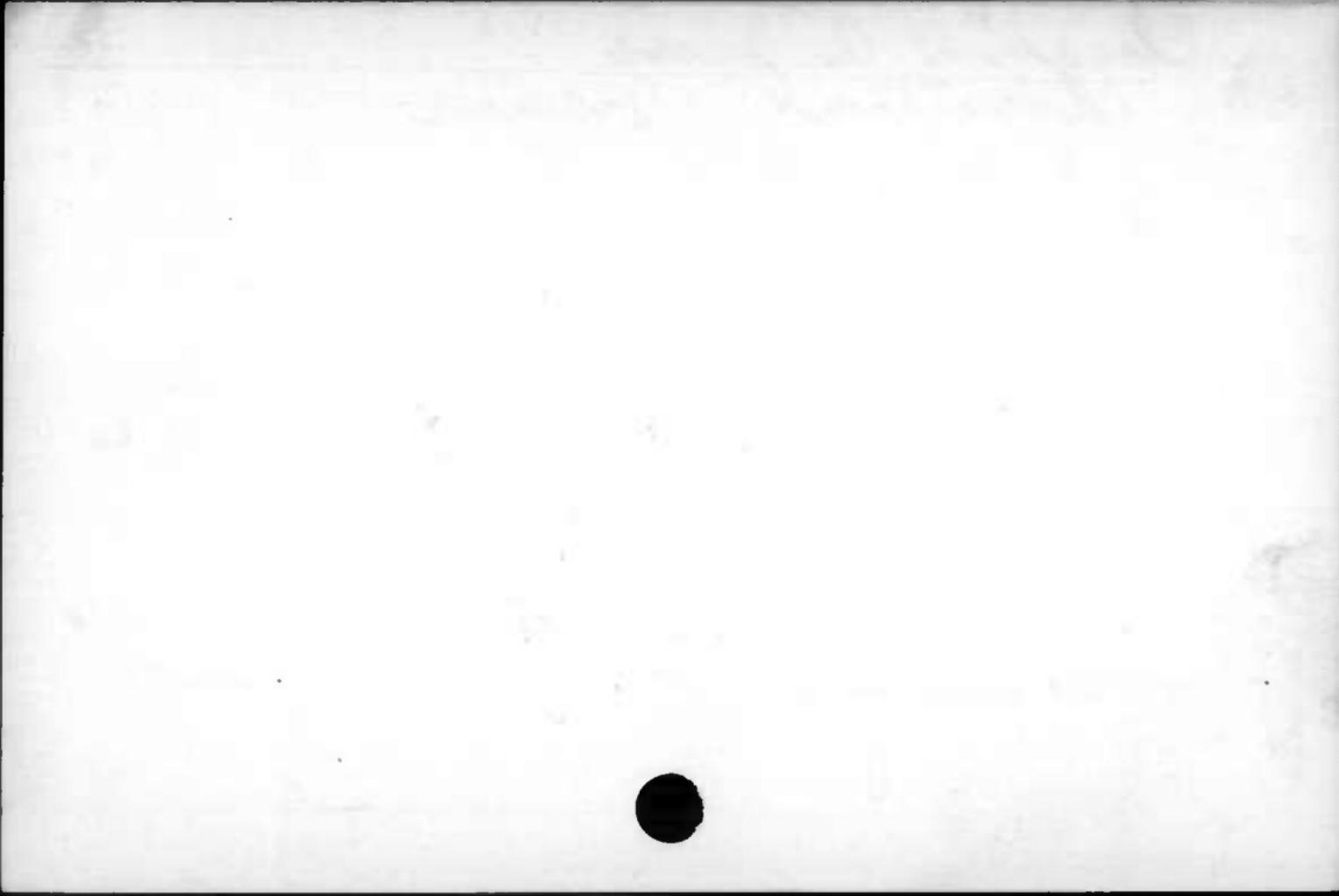
Annie E Jewell

CERTIFICATE OF DEATH

Died at <u>Darifield</u> Town		<u>Fredonia</u> County		MARYLAND	
Date of death <u>1905</u>	Month <u>Aug</u>	Day	Years <u>29</u>	Months <u>4</u>	Days <u>24</u>
Sex <u>Female</u>	Color or Race <u>White</u>			Birth-place <u>No</u>	
Occupation <u>Homemaker</u>	Where Residing if not at place of death <u>Sacramento, California</u>				
Married, Single or Widowed <u>married</u>	Name of Wife or Husband	<u>Killed by Jewell</u>			
Father's Name <u>Don't know</u>		Father's Birthplace <u>Wa</u>			
Mother's Maiden Name <u>Don't know</u>		Mother's Birthplace <u>Wa</u>			
Name of person giving Information <u>John Penhance</u>		How related to deceased <u>Son-in-law</u>			

CAUSES OF DEATH

Primary <u>Killed by train in RR</u>	How long <u>2</u>
Immediate <u>✓</u>	How long <u>✓</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>E. C. Ferguson</u>
	Address <u>Germantown, Md.</u>
Accident or Suicide? <u>Accident</u>	



Name
in
Full

George Junior Johns

CERTIFICATE OF DEATH

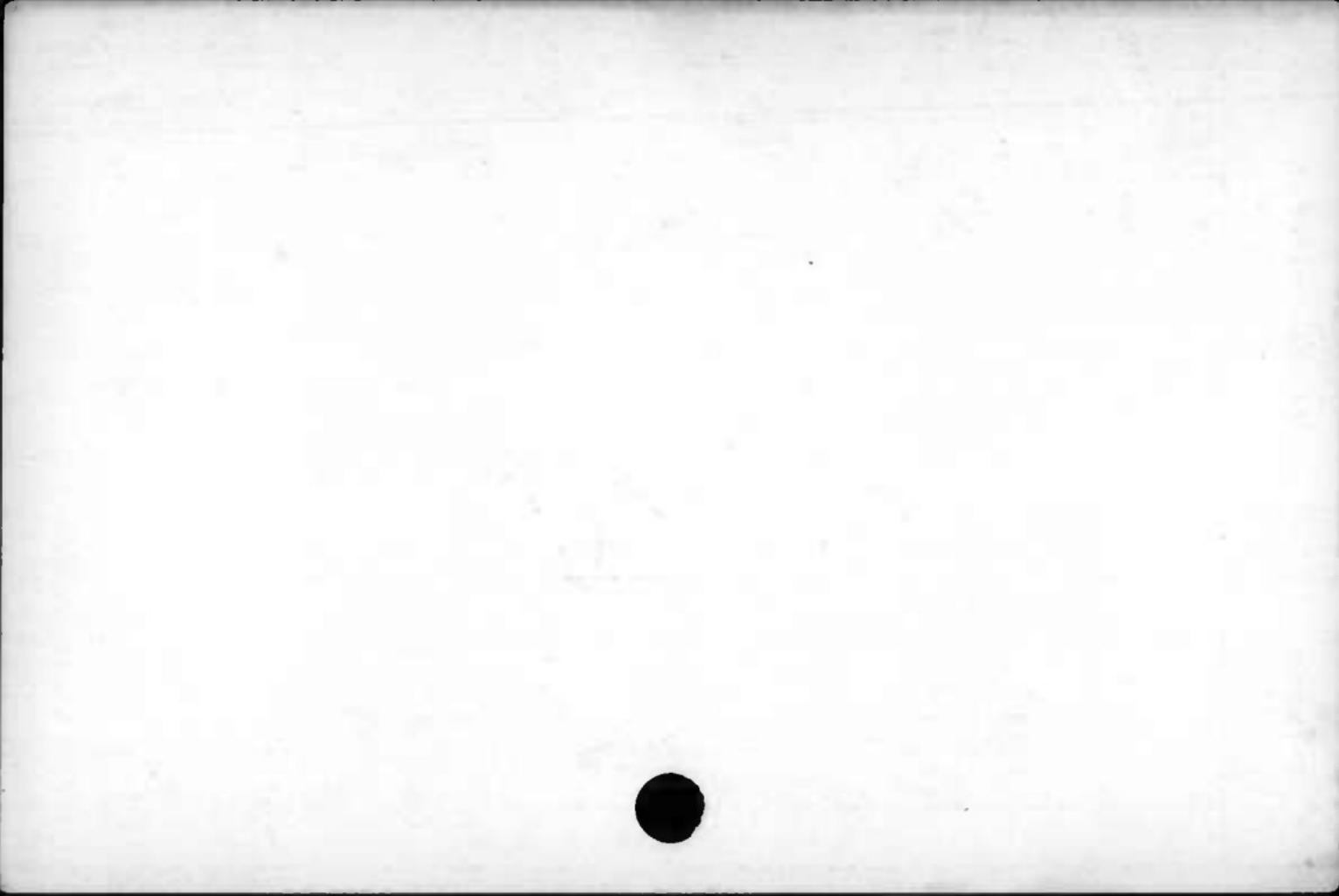
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	male	Color or Race	colored	Birth-place	md
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Geo. Johns				
Mother's Maiden Name	Wattie Smith				
Name of person giving information	Wm. Zeph				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Take off by information from old woman in attendance	
Immediate		
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	Untaker H. Bankard
	Address	New Windsor
Accident or Suicide?	No doctor.	



Name
in
Full

Elizabeth A. Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	75	7	10
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Father's Name	Carroll Co		
Mother's Maiden Name	Jane McRister	Birthplace	Carroll Co		
Name of person giving Information	Wm. A. Jones	Mother's Birthplace	Carroll Co		
		How related to deceased	Son		

CAUSES OF DEATH

Primary

Chronic Appendicitis

How long

3 mos.

Immediate

Ex Ruptured

How long

6 weeks

Are the name, age, sex, color, date and place correctly given above?

Yes

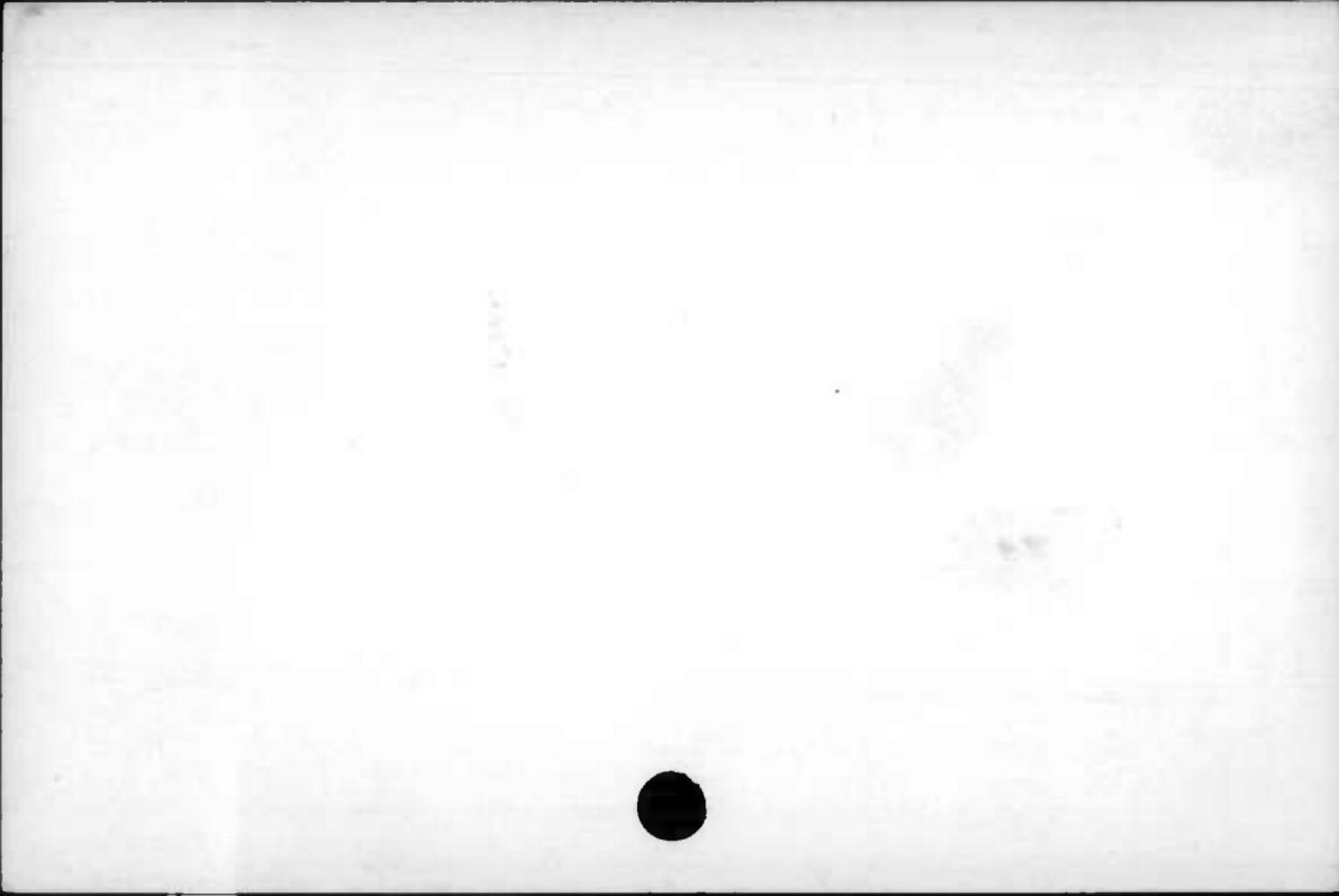
Signature of Physician

Address

O. J. B. Stone

Libertytown
Md.

Accident or Suicide?



Name
in
Full

George T. Karr.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Burkittsville	Frederick			
Date of death	Month	Day	Years	Months	Days
1905	Jan	28	51	11	30
Sex	Male.	Color or Race	White	Birth-place	Md.
Occupation	Merchant				
Where Residing if not at place of death					
Married, Single or Widowed	Married	Name of Wife or Husband	Ellen Karr.		
Father's Name	Ezra S. Karr				
Mother's Maiden Name	Julia Williard				
Name of person giving Information	Ellen Karr.				
Father's Birthplace	Md				
Mother's Birthplace	Md.				
How related to deceased	Wife.				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary: Fatty degeneration of Arterial System
How long

Immediate: Apoplexy.
How long

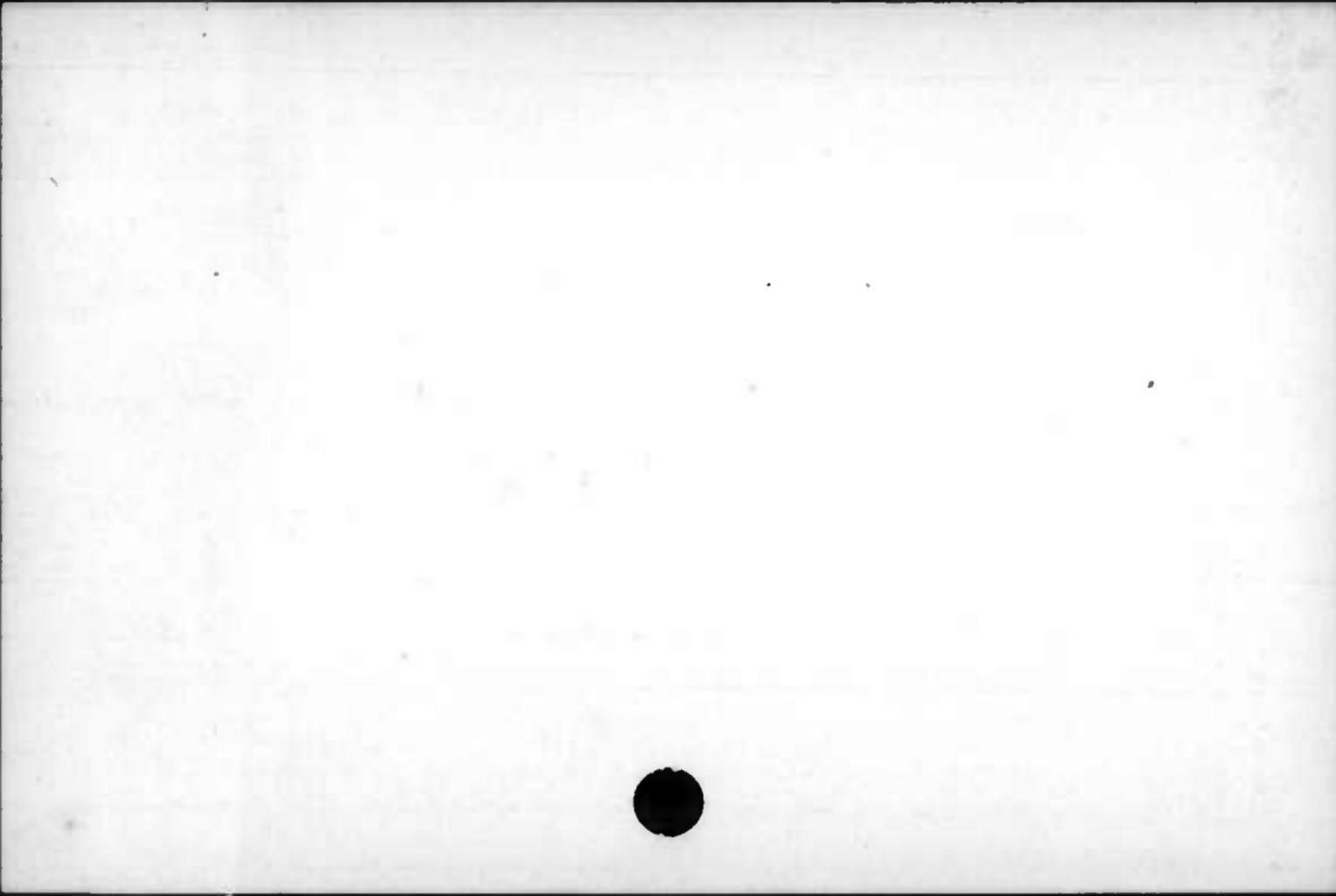
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

C. H. Schiltzweck
Burkittsville
Md.



Name
in
Full

George klees

CERTIFICATE OF DEATH

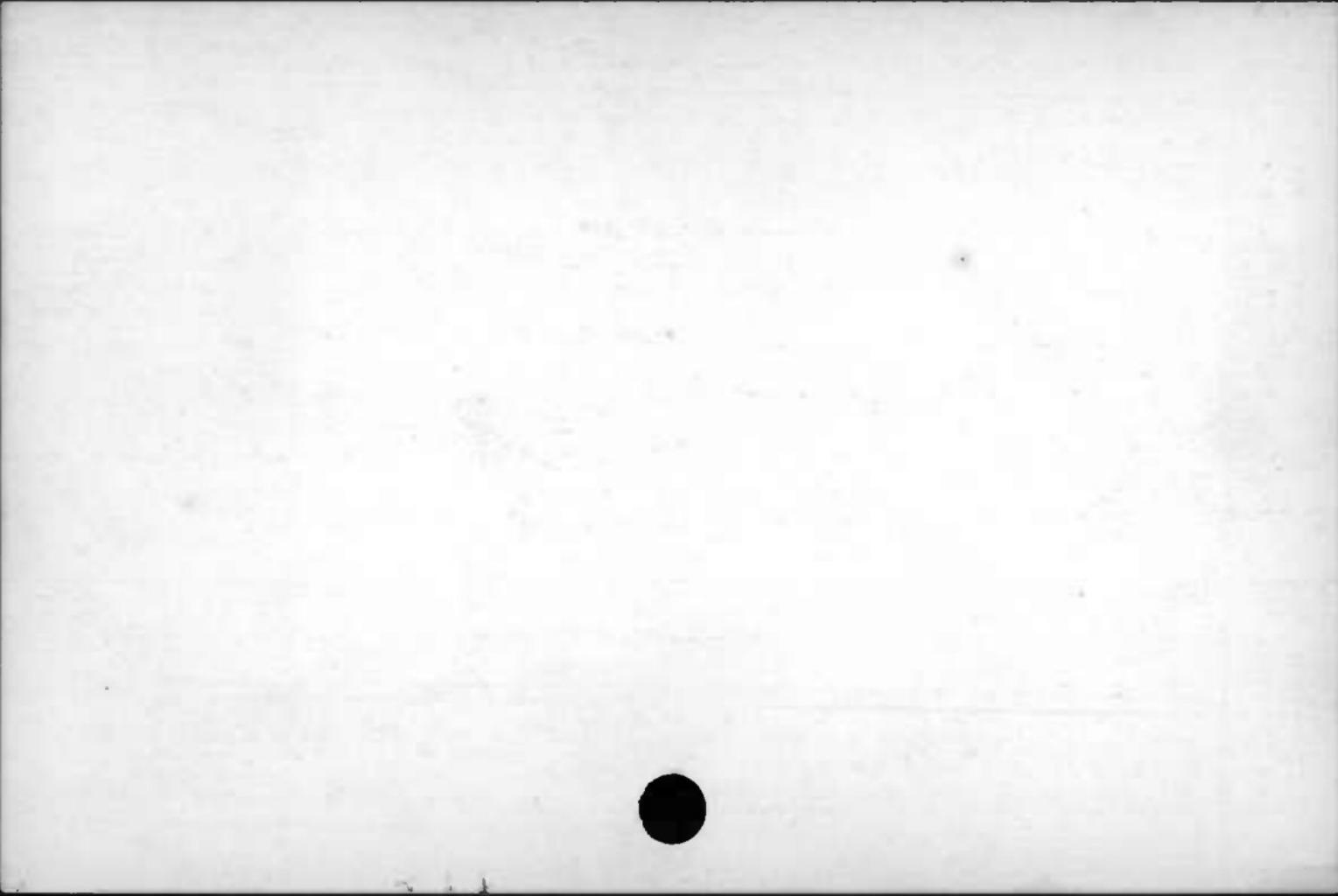
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Weldon	Frederick			
Date of death	Month	Day	Years	Months	Days
1905	Nov	8	59	3	1
Sex	Color or Race	Birth-place			
Male	W	Md			
Occupation	Where Residing if not at place of death				
Farmer	Weldon				
Married, Single or Widowed	Name of Wife or Husband				
m	Ida E klees				
Father's Name	Father's Birthplace				
Henry klees	Md				
Mother's Maiden Name	Mother's Birthplace				
	Md				
Name of person giving information	How related to deceased				
Frank Zile	Brother		Son		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Inflammatory Rheumatism	How long	1 week
Immediate	Pneumonia	How long	3 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	H. T. Brooks MD
Yes		Address	Marsden
Accident or Suicide?		Md.	



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Samuel Liddy

CERTIFICATE OF DEATH

MARYLAND

Died at Thurmont

Town

County

Frederick

Date of death 1905

Month Nov

Day 6th

Years 74

Months 11

Days 5

Sex Male

Color or Race

White

Birth-place

Thurmont Md.

Occupation Laborer

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Caroline Marshall Biggs.

Father's Name Jacob

Liddy

Father's Birthplace

Baltimore

Mother's Maiden Name Sarah

Mother's Birthplace

Name of person giving
Information

Robert Liddy

How related
to deceased

Son

CAUSES OF DEATH

Primary

Chronic Nephritis.

How long

3 years.

Immediate

Uremia and heart disease

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

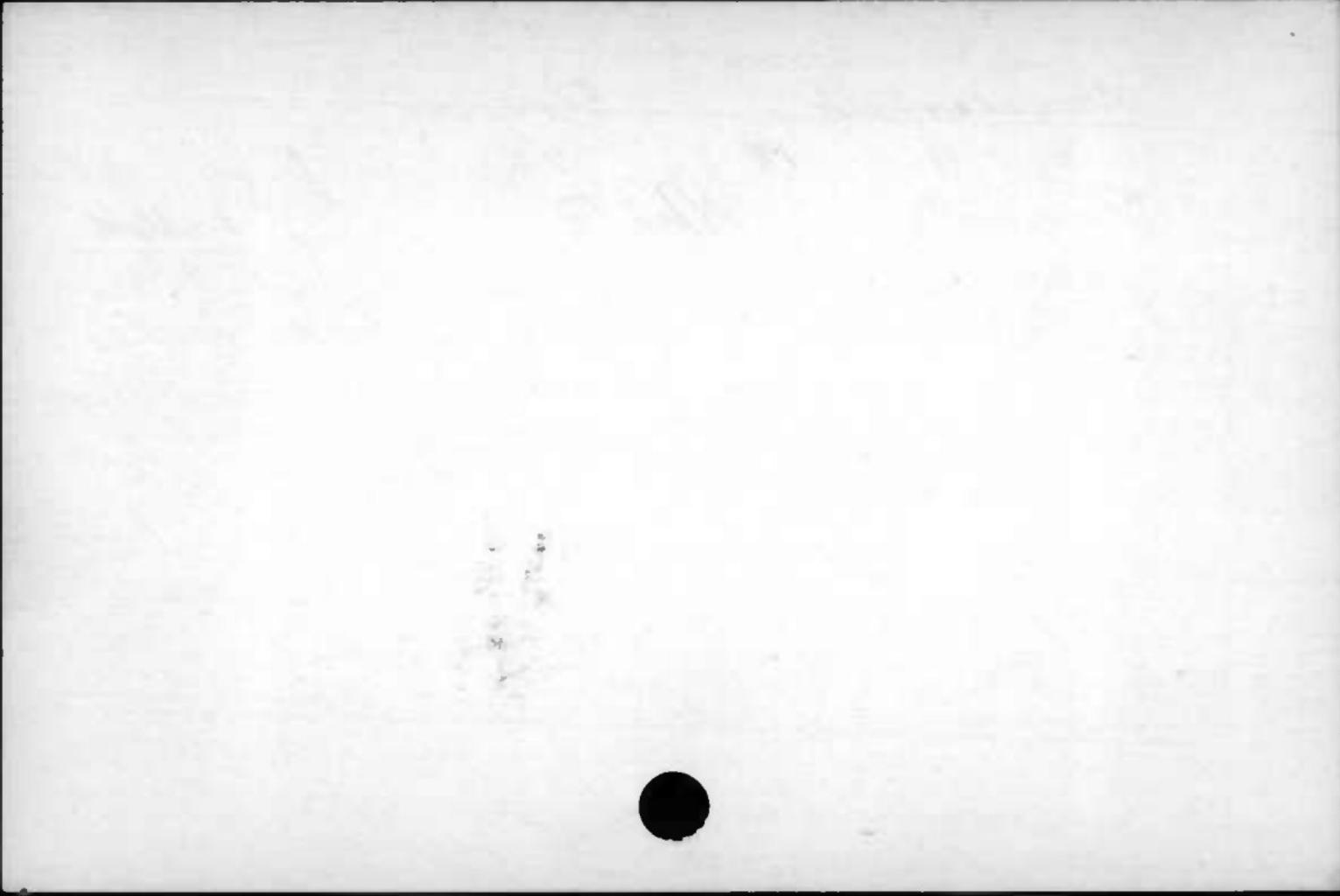
Signature of
Physician

E. C. Kefauver

Address

Thurmont, Md.

Accident or Suicide?



Name
in
Full

Caroline Delaplaine Markell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death			Same	
Married, Single or Widowed	Name or Wife or Husband	Francis Markell			
Father's Name	John Delaplaine			Father's Birthplace	F. I. Co. Md.
Mother's Maiden Name	Sophia Charlton			Mother's Birthplace	" " "
Name of person giving information	John St. Markell			How related to deceased	Son.

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Mitral Insufficiency, Heart* *(1)* How long *many years*

Immediate *Exhaustion* *(2)* How long *-*

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Wm Campbell

Address

Frederick MD

Accident or Suicide?

No



Name
in
Full

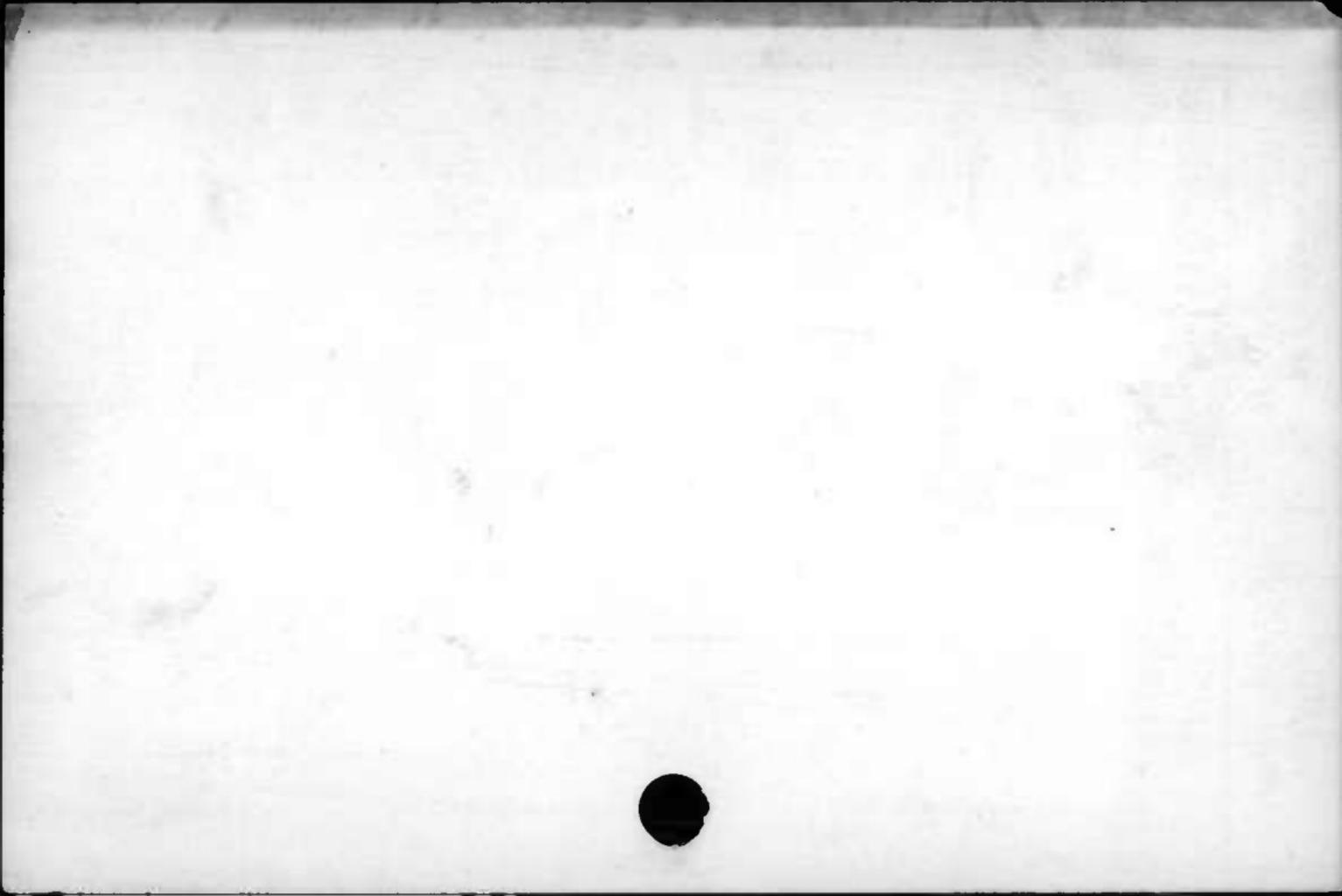
John W. Mathews

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County			MARYLAND	
Died at <u>Thurmont</u>	Month	Day	Years	Months	Days
Date of death <u>1905 - Nov</u>	<u>18</u>	<u>Age 86</u>		<u>5 -</u>	<u>28</u>
Sex <u>male</u>	Color or Race	<u>white</u>	Birth-place	<u>Co</u>	
Occupation	Where Residing if not at place of death				
<u>Married, Single or Widowed</u>	<u>Wickenden Freshour</u> <u>Wickenden Freshour</u> <u>Wickenden Freshour</u>				
Name of Wife or Husband					
Father's Name	<u>Wickenden Freshour</u> <u>Wickenden Freshour</u> <u>Wickenden Freshour</u>				
Mother's Maiden Name	<u>Wickenden Freshour</u> <u>Wickenden Freshour</u> <u>Wickenden Freshour</u>				
Name of person giving information	<u>Wickenden Freshour</u> <u>Wickenden Freshour</u> <u>Wickenden Freshour</u>				
CAUSES OF DEATH					
Primary	<u>Chronic Diarrhea old age</u>			How long	<u>5 year</u>
Immediate	<u>Exhaustion</u>			How long	
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>Morris A. Baily</u>		
		Address	<u>Thurmont - Md.</u>		
Accident or Suicide?					

PHYSICIAN
OR CORONER



Name
in
Full

Mutton (M.M.)

CERTIFICATE OF DEATH

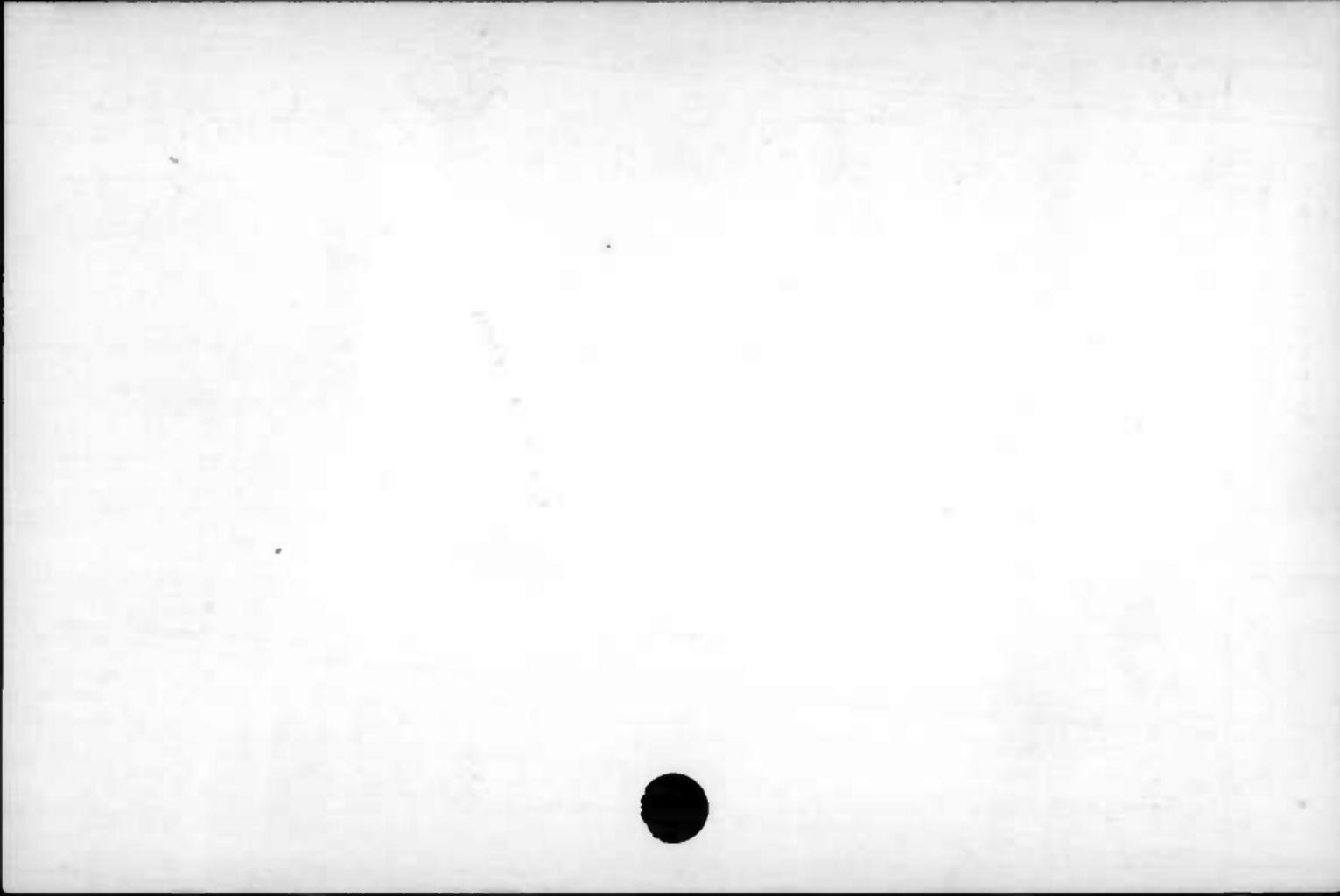
To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Female	Color or Race	Note	Birth-place	md
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Lee Maloon				
Mother's Maiden Name	Kathy Hallen				
Name of person giving information	Lee Maloon				

CAUSES OF DEATH

Primary	Peritonitis Bright	(15)	How long	5 mos
Immediate	—		How long	—
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	W. F. Goodell, M.D.	
		Address		
Accident or Suicide?				



Name
in
Full

Daniel M Miller

CERTIFICATE OF DEATH

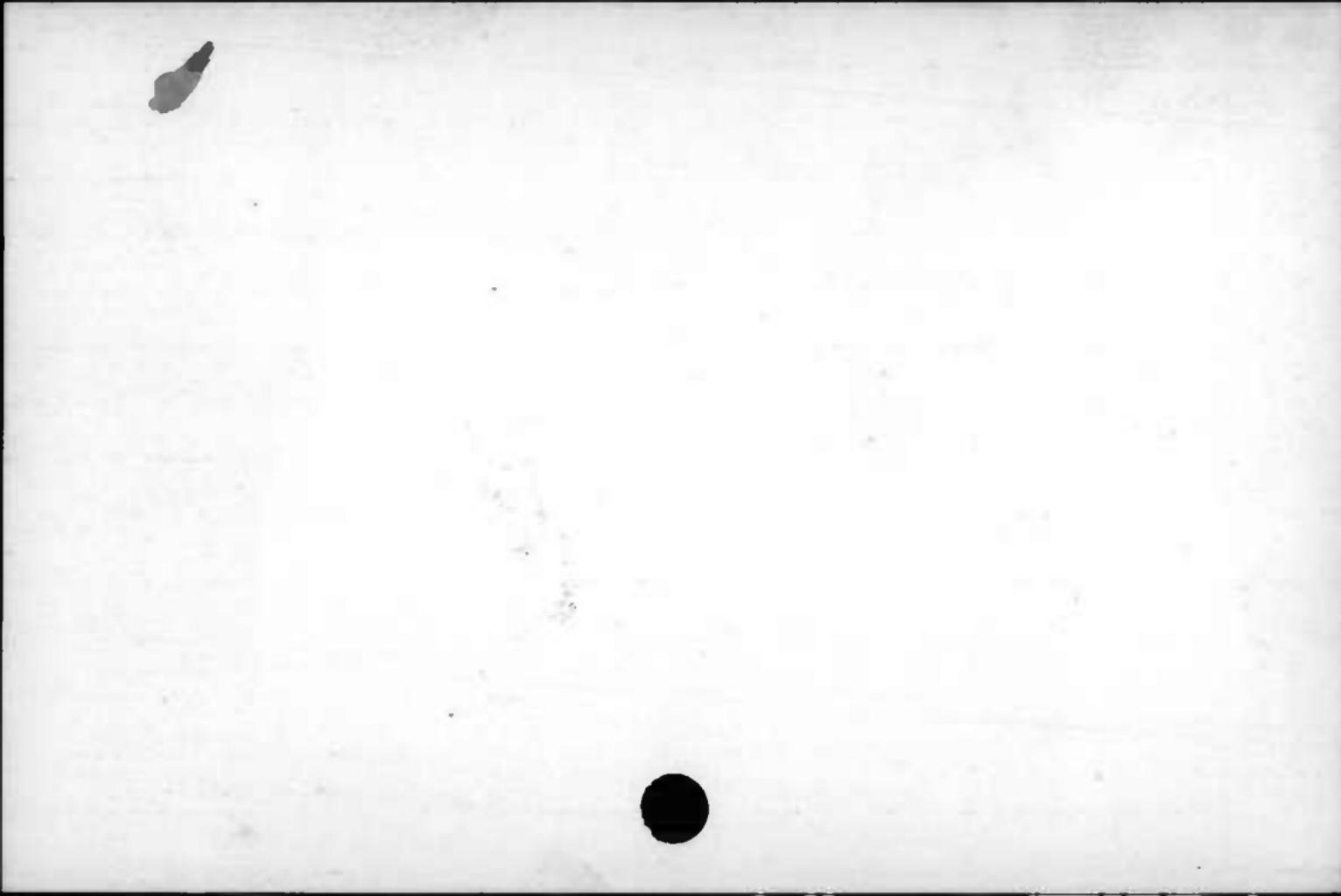
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1905	Nov	3rd	—	—	4
Sex	male	Color or Race	white	Birth-place	Frederick
Occupation	—	Where Residing if not at place of death 19 E 6th St			
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Mathias B Miller		Father's Birthplace	Frederick	
Mother's Maiden Name	Nellie Gleason		Mother's Birthplace	'11	
Name of person giving information	Mathias B Miller		How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Congenital Occlusion of Oesophagus		How long	Since birth
Immediate	Starvation		How long	4 days
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	Labonek
			Address	736 Church St
Accident or Suicide?				



Name
in
Full

Louise M. Nierenberg

CERTIFICATE OF DEATH

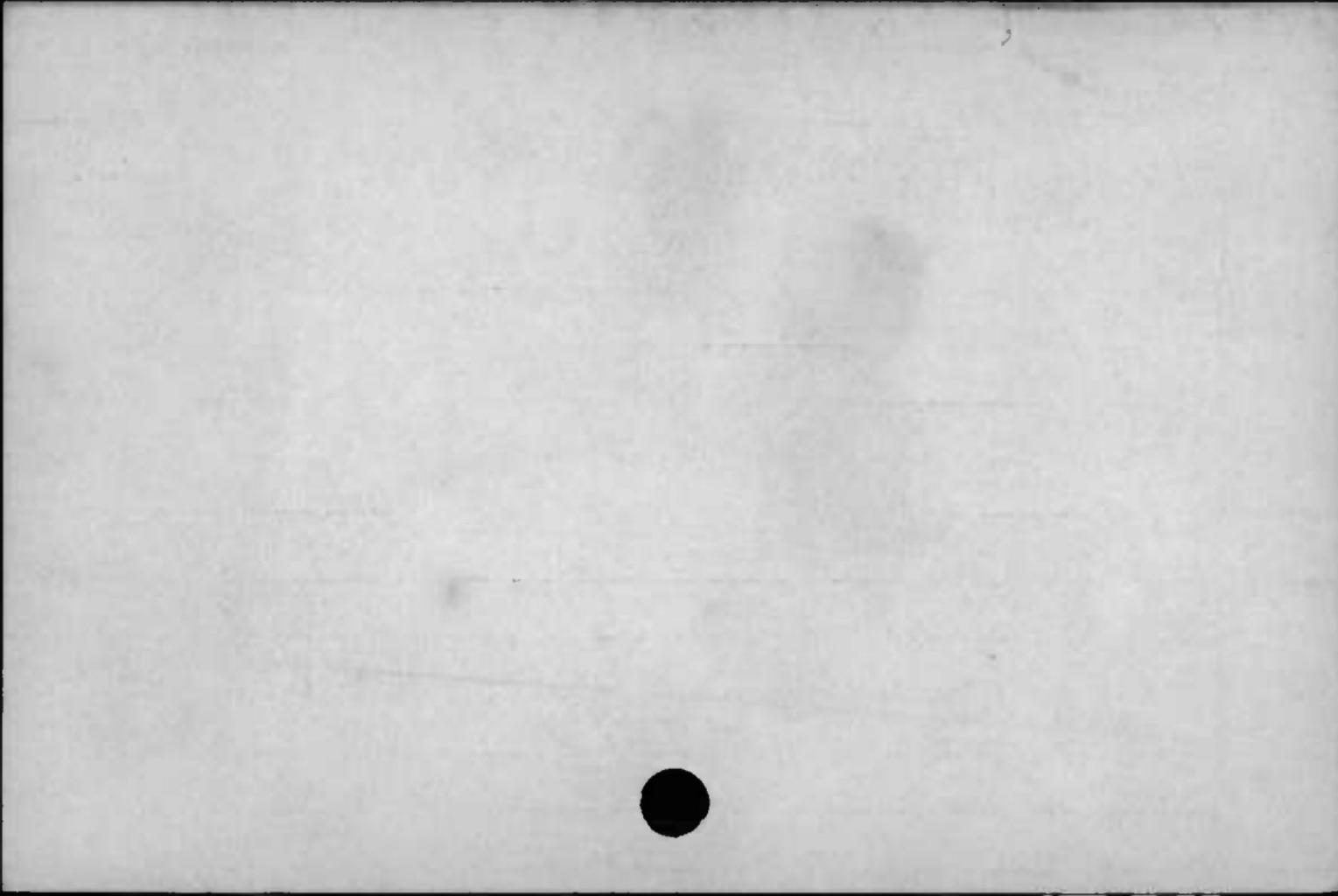
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
Sex	Female	Color or Race	white	Birth-place	Brunswick	
Occupation				Where Residing if not at place of death	-	
Married, Single or Widowed	Single	Name or Wife or Husband	-	Father's Birthplace	Russia	
Father's Name	Mrs B Nierenberg			Mother's Birthplace	Russia	
Mother's Maiden Name	J. J. Balser			How related to deceased	Father	
Name of person giving information	Mrs B Nierenberg					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Tetanus	How long	3 days
Immediate	Exhaustion	How long	one day
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	A. S. Hedges
Yes		Address	Brunswick Md
Accident or Suicide?			



Name
in
Full

Ruth Alberta Olfeit.

CERTIFICATE OF DEATH

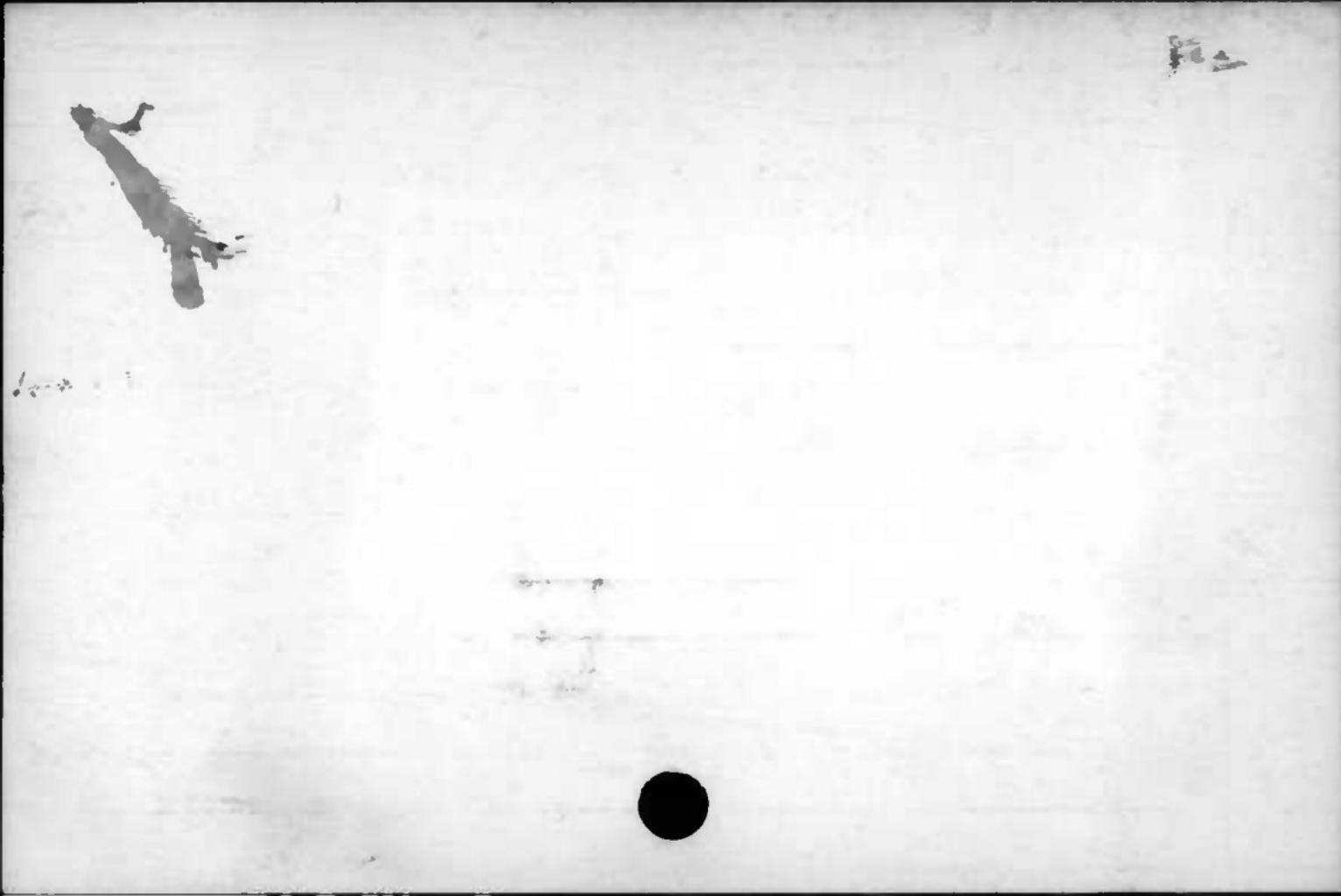
TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County				
Died at	Midland	Towson		Md. MARYLAND		
Date of death	Month	Day	Years	Months	Days	
1905	Nov	28	—	7	4	
Sex	Female	Color or Race	white	Birth-place	Virginia	
Occupation	none	Where Residing if not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband				
Father's Name	Daniel C. Olfeit.		Father's Birthplace	Maryland		
Mother's Maiden Name	Alice M. Pittman		Mother's Birthplace	Maryland		
Name of person giving Information	Daniel C. Olfeit.		How related to deceased	Father -		

CAUSES OF DEATH

Primary	Tuberculosis of Lungs	
Immediate	Tubercular Meningitis - Chancres	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician
		Address
Accident or Suicide?		



Name
in
Full

Jacob Ezra Palmer

CERTIFICATE OF DEATH

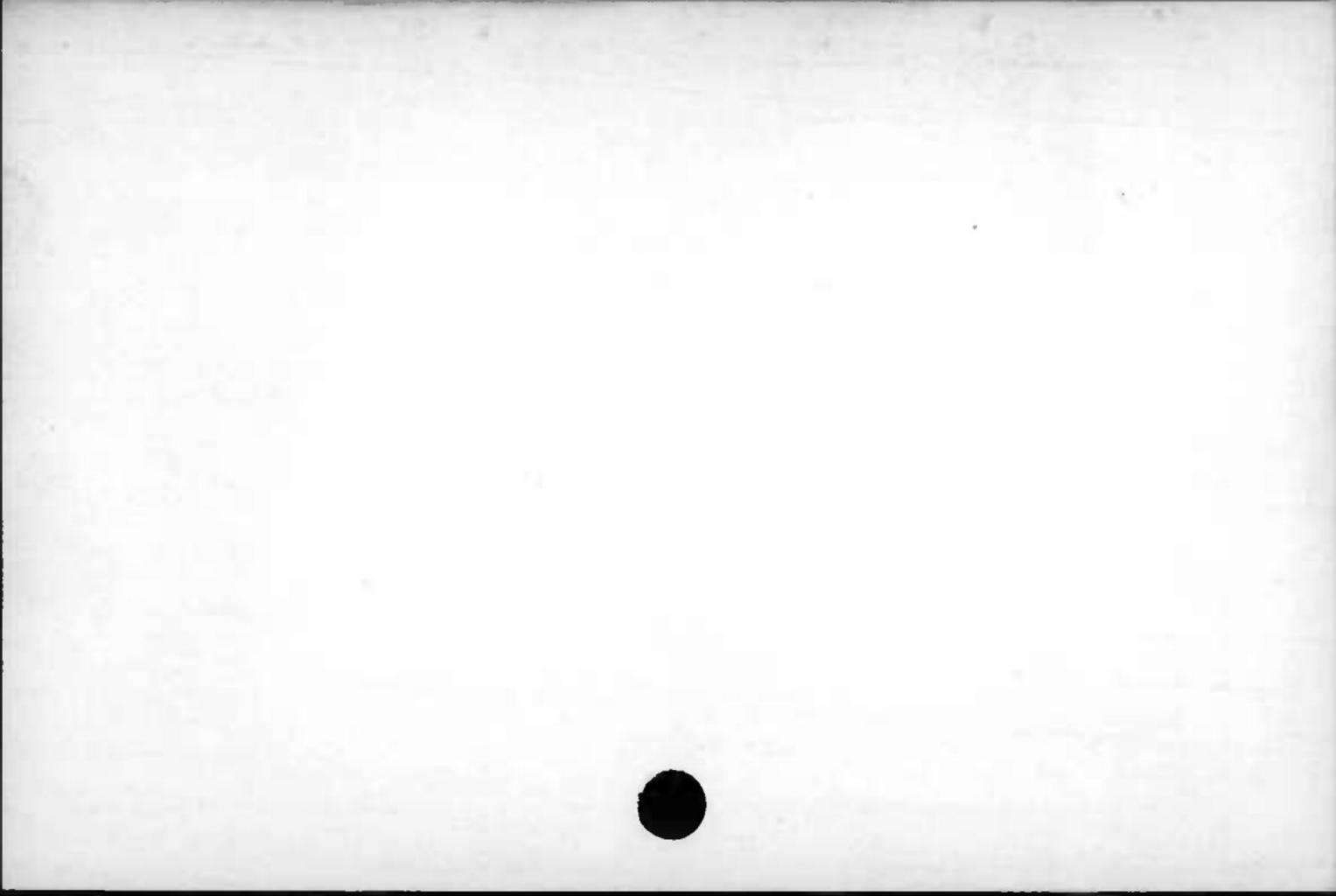
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Matilda Catherine Miller			
Father's Name	George Palmer	Father's Birthplace	Md		
Mother's Maiden Name	Weddle	Mother's Birthplace	Md.		
Name of person giving Information	Geo. E. Lloyd Palmer	How related to deceased	Son		

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary	Cerebral Hemorrhage		How long	14 hours
Immediate	Coma		How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J. E. R. Miller	
		Address	Frederick Md	
Accident or Suicide?				



Name
in
Full

Still birth. Died several days before birth

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
Sex	Color or Race	Age	Months
Occupation	Where Residing if not at place of death	Birth-place	Days
Married, Single or Widowed	Name of Wife or Husband	—	
Father's Name	George Francis Price	Father's Birthplace	Md
Mother's Maiden Name	Carry Bell Snapp S.	Mother's Birthplace	VA
Name of person giving information	Carry Bell Snapp	How related to deceased	Mother

CAUSES OF DEATH

Primary

Hypertension of cord (?)

How long

3 days before birth

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Linn Hart
Frederick C.

Address

Accident or Suicide?

Winchester Nov

Name
in
Full

Daniel Sheldon.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Frederick</u>		Town <u>Frederick</u>	County <u>Frederick</u>		MARYLAND	
Date of death <u>1905</u>	Month <u>11</u>	Day <u>4</u>	Years <u>20</u>	Age <u>20</u>	Months <u>6</u>	Days <u>-</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Where Residing if not at place of death <u>Germesville</u>				
Occupation <u>Labores</u>						
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband					
Father's Name <u>John E Sheldon</u>			Father's Birthplace <u>Md.</u>			
Mother's Maiden Name <u>Martha Baker</u>			Mother's Birthplace <u>Md.</u>			
Name of person giving information <u>John E. Sheldon</u>			How related to deceased <u>Father</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pulmonary Tuberculosis.

How long

15

Immediate

Hemorrhage.

How long

15

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

H. G. Endamne MD
Frederick
Md..

Address

Accident or Suicide?

Intermission Nov 6 -
" at Fairview, Com
Thomas P Rice

Name
in
Full

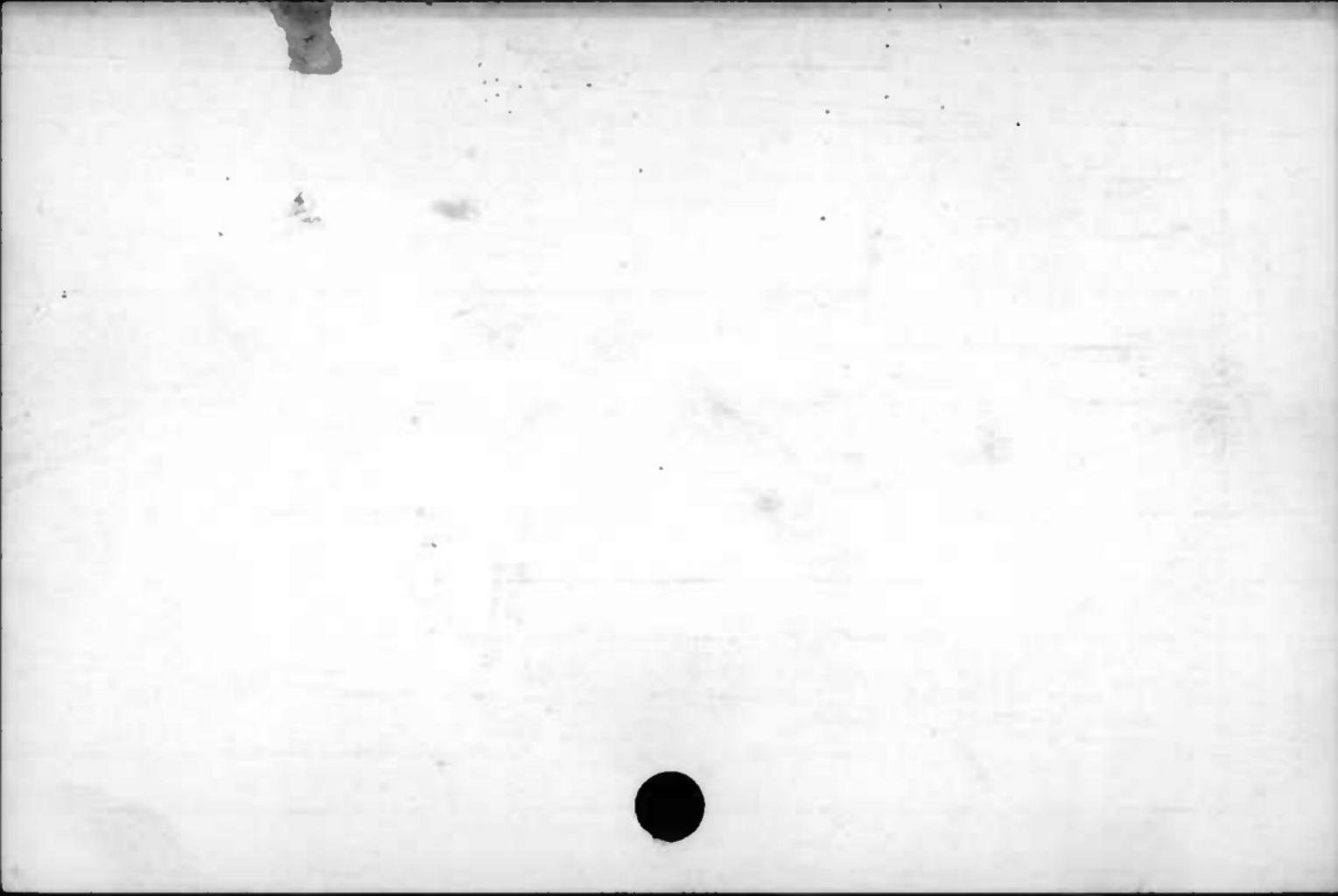
Wm Morris Shuff

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND
Date of death	Month	Years	Months Days
1905 Nov	16	6	5-
Sex	Color or Race	Birthplace	
Male	White	Baltimore Md	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace	Baltimore
Father's Name	Wm S. Shuff	Mother's Birthplace	"
Mother's Maiden Name	Annie E. Weddel	How related to deceased	Father.
Name of person giving Information	Wm S Shuff		
CAUSES OF DEATH			
Primary	Cause of death		
Immediate	Time interval		
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes -		Address	
Accident or Suicide?			



Name
in
Full

Annie E Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death 190	Month	Day	Years	Months	Days	
5 nov	6 th		32	1		
Sex	Color or Race	Occupation	Birth-place			
female	White	House wife	Md.			
Married, Single or Widowed						
married						
Name of Wife or Husband	Lawson L Smith					
Father's Name	Mathias Rice					
Mother's Maiden Name	Nancy Ambrose					
Name of person giving Information	Lawson Smith					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Chronic Rheumatism

How long

About 3 yrs.

Immediate

Paralysis & Heart failure

How long

Two days

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

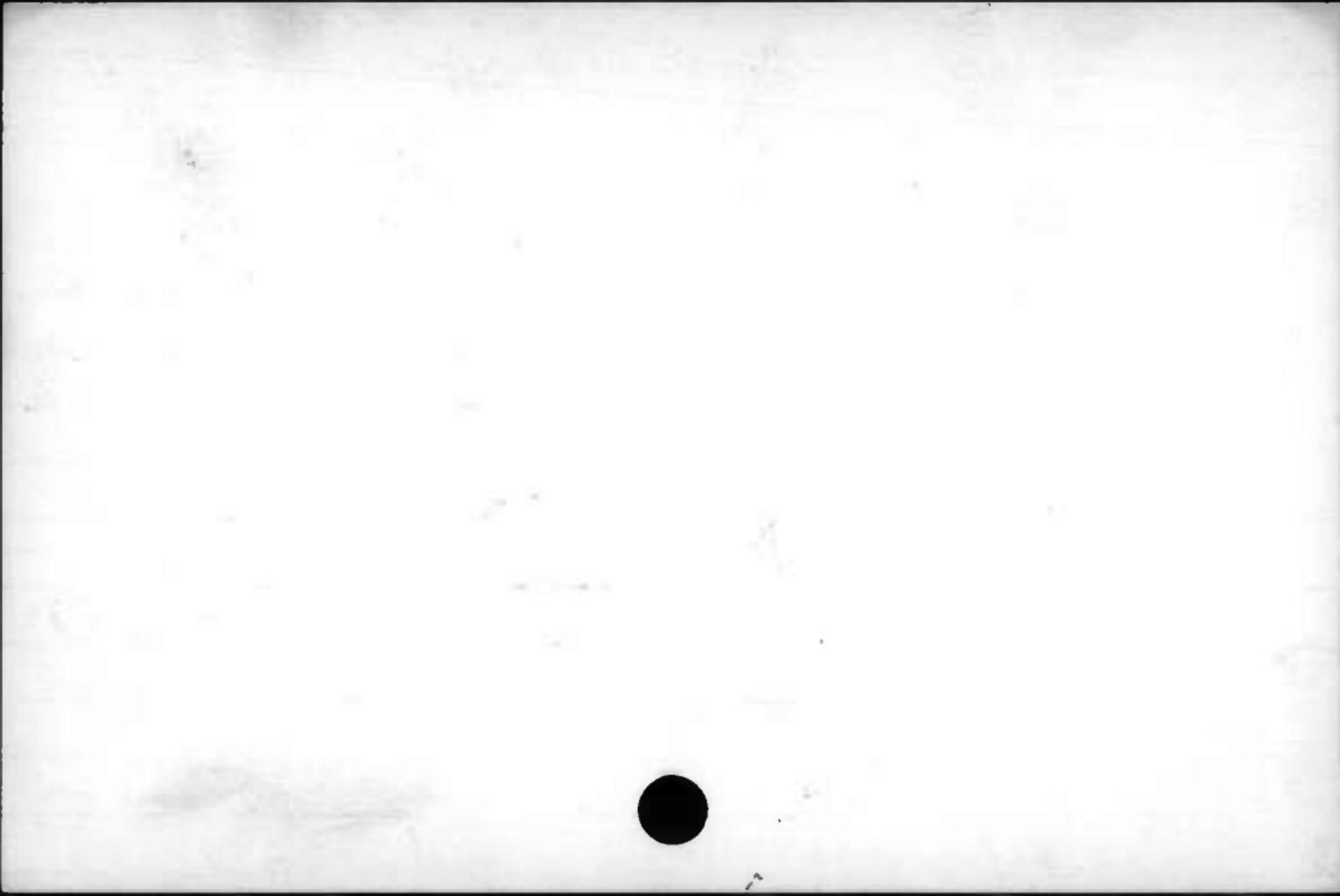
Address

Roy V. Hawver M.D.

Middleton

Md.

Accident or Suicide?



Name
in
Full

Elaske J Smith

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Baltimore</u> Town		County <u>Baltimore</u>		MARYLAND	
Date of death <u>1905</u>	Month <u>Nov</u>	Day <u>20</u>	Age <u>Years</u>	Months <u>1</u>	Days <u>14</u>
Sex <u>Male</u>	Color or Race <u>white</u>	Birth-place <u>Baltimore</u>			
Occupation <u></u>	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name <u>W. E. Smith</u>	Father's Birthplace <u>Baltimore</u>				
Mother's Maiden Name <u>Nora Hedges</u>	Mother's Birthplace <u>Baltimore</u>				
Name of person giving information <u>W. E. Smith</u>	How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate <u>Cramp</u>	How long

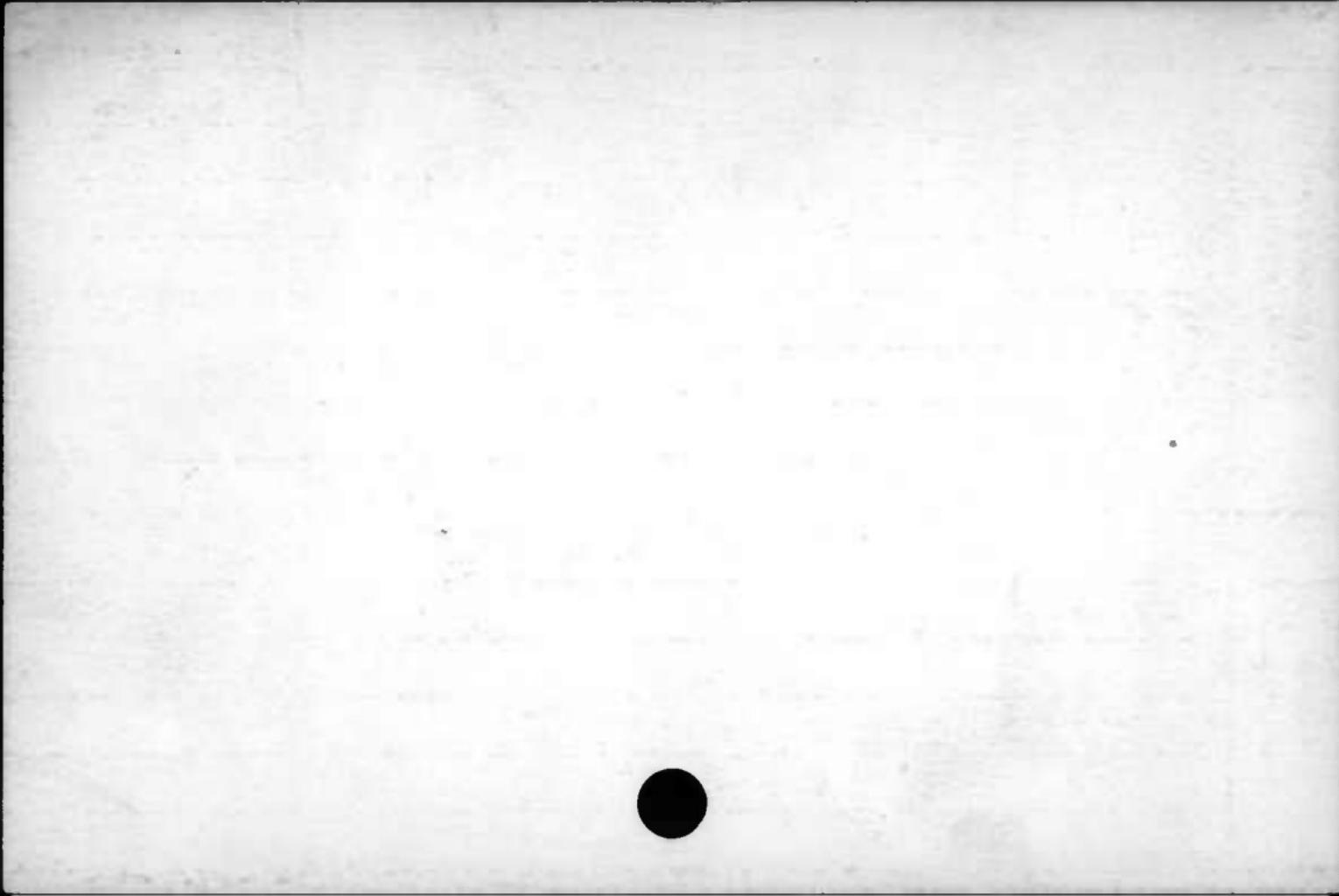
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

R. Teete
undertaker

Accident or Suicide?



Name
in
Full

Louisa A. Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Unionville		County Frederick		MARYLAND	
Date of death 1905	Month Novr.	Day 30	Years Age 42	Months 6	Days 13
Sex Female	Color or Race White	Birth-place Maryland			
Occupation Housewife		Where Residing if not at place of death at place of death			
Married, Single or Widowed	Name of Wife or Husband Milton Smith				
Father's Name Jacob Fornan	Father's Birthplace Md.				
Mother's Maiden Name Martha Horton	Mother's Birthplace Md.				
Name of person giving information Harry Stiteley	How related to deceased No-				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Phthisis Pulmonalis

How long

about 2 years

Immediate

Exhaustion

How long

in

Are the name, age, sex, color, date and place correctly given above?

YES -

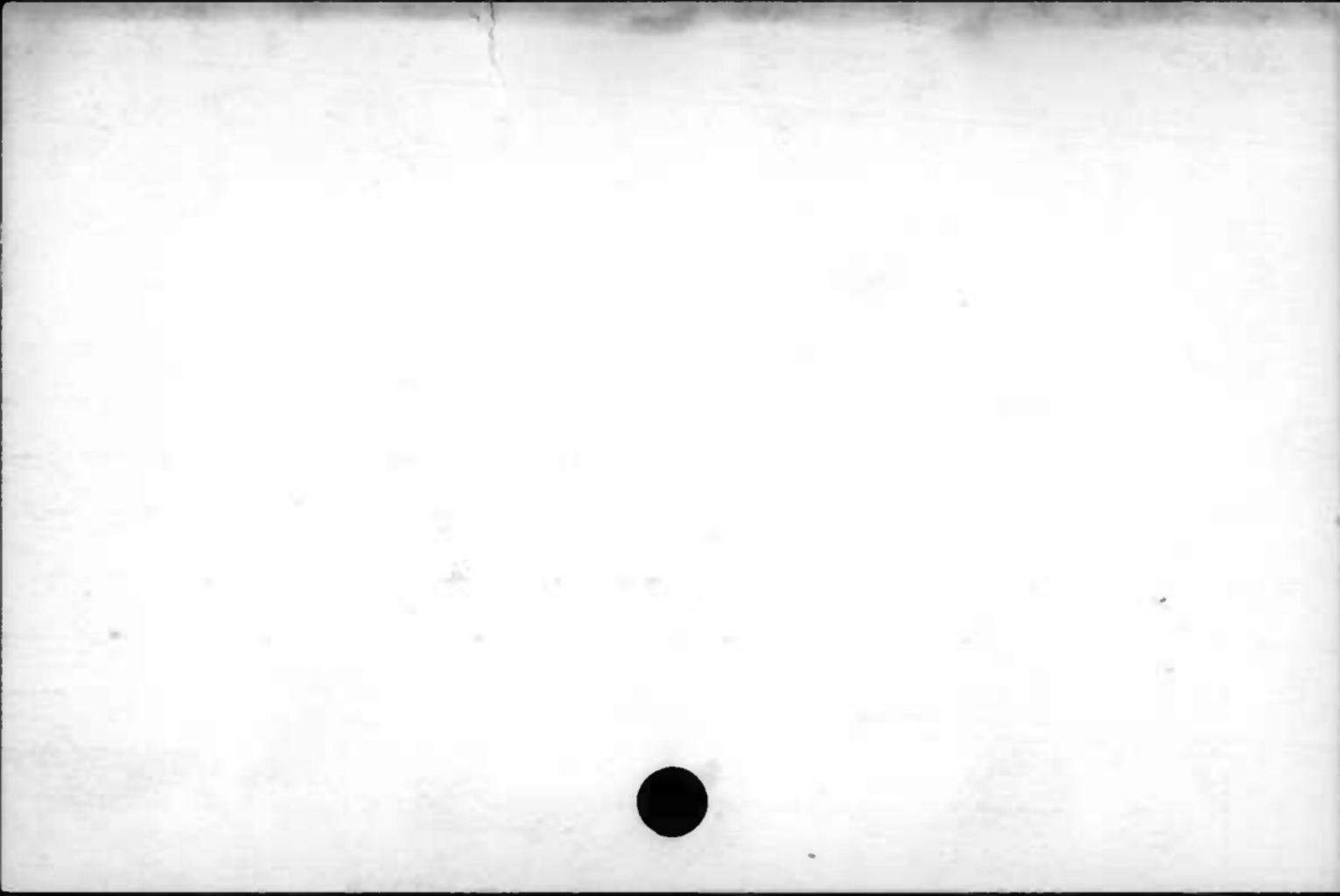
Signature of Physician

Address

Thos. P. Sappington M.D.

Unionville,
Maryland.

Accident or Suicide?



Name

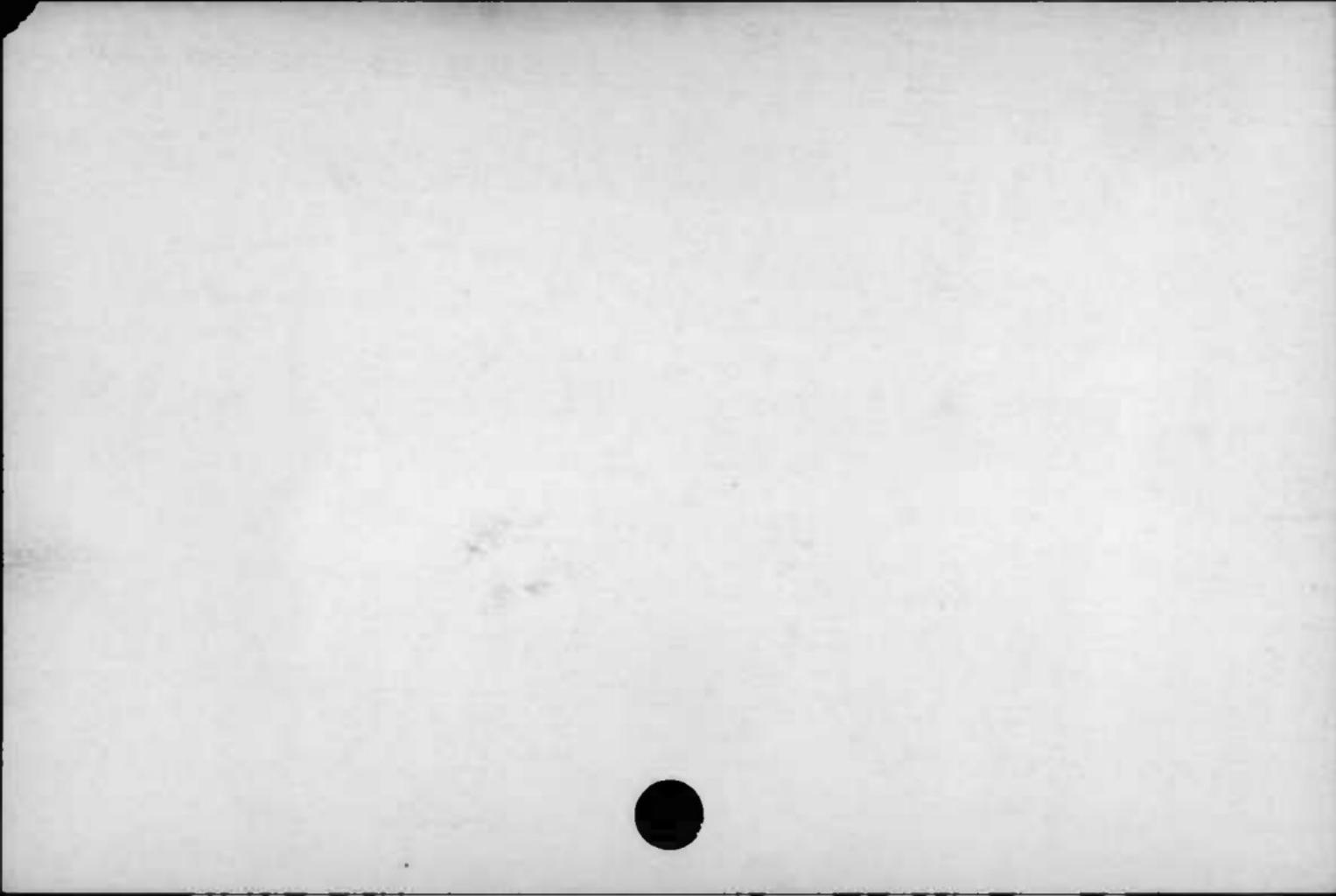
In
Full

TO BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN
OR CORONER

John Henry Smith						CERTIFICATE OF DEATH	
Died at <u>Liberty</u> Town			<u>Frederick</u> County			MARYLAND	
Date of death 190	Month 5 Nov	Day 26	Years Age 72	Months 11	Days 4		
Sex Male	Color or Race White		Birth-place <u>Liberty</u>				
Married, Single or Widowed Widowed	Occupation Farmer						
Name of Wife or Husband <u>Christina Fogle</u>							
Father's Name <u>Anthony Smith</u>				Father's Birthplace <u>Johnsonville</u>			
Mother's Maiden Name <u>Anna Barbara Eyles</u>				Mother's Birthplace <u>Tipton</u>			
Name of person giving information <u>William Smith</u>				How related to deceased <u>Son</u>			
CAUSES OF DEATH							
Primary <u>Suppression of Urine</u>				How long <u>One week</u>			
Immediate <u>Uraemic poison</u>				How long <u>48 hours</u>			
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Jas C Sappington</u>						
	Address <u>Liberty Farm</u>						
Accident or Suicide?							



Name
in
Full

Sarah Louisa Spriggs

CERTIFICATE OF DEATH

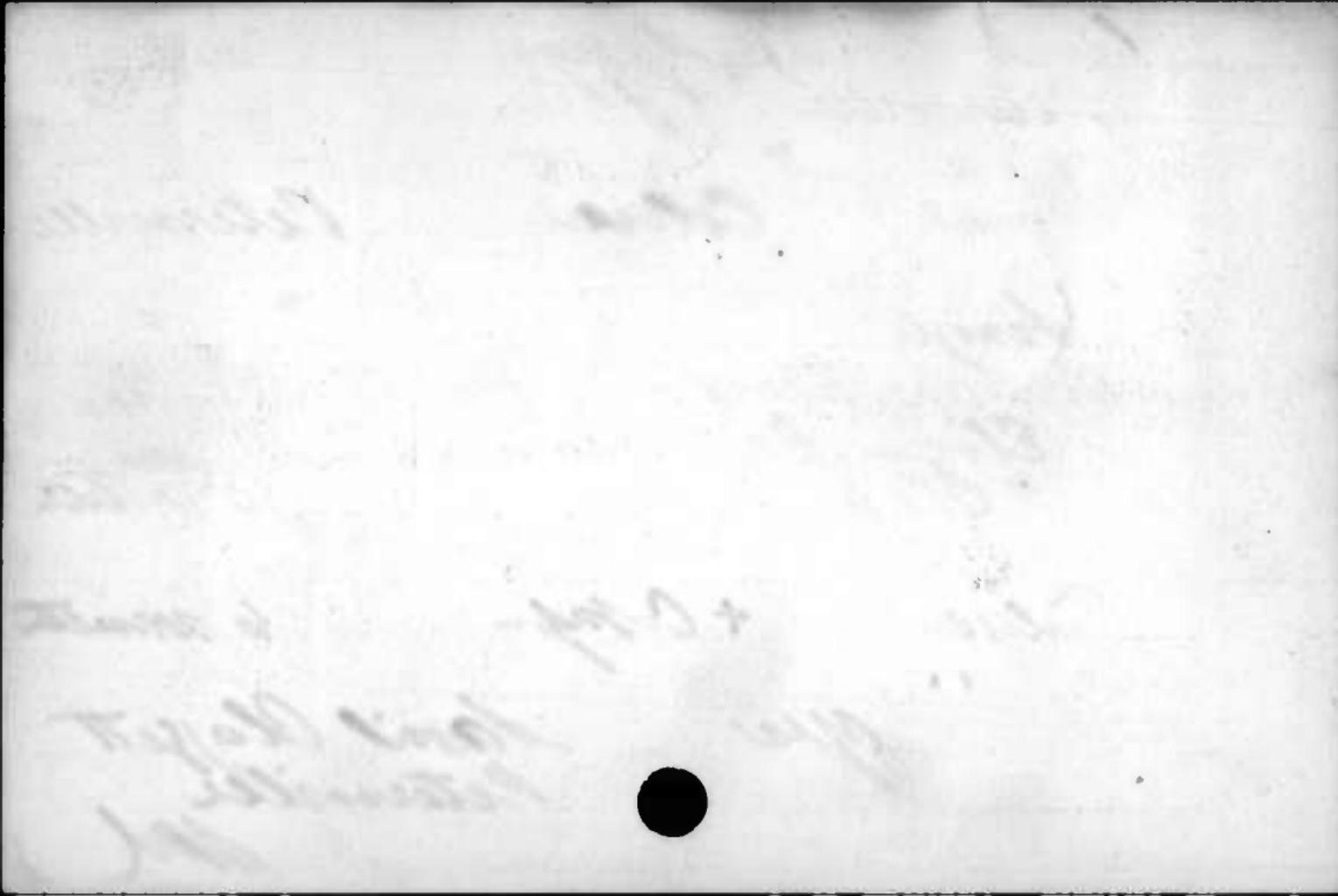
TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at	Town	County			
Petersville	F Frederick				
Date of death	Month	Day	Years	Months	Days
1905	11	7	18	—	—
Sex	Female	Color or Race	Colored	Birth-place	Petersville
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Single				
Father's Name	William Henry Spriggs				
Mother's Maiden Name	Eliza Hunter				
Name of person giving information	W H Spriggs (initials circled)				
CAUSES OF DEATH					

PHYSICIAN
OR CORONER

Primary	Tuberculosis + Cough-	How long	6 months
Immediate	"	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Sam Clappett
		Address	Petersville
Accident or Suicide?		Md	



Name
in
Full

Stone Elizabeth

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Bloomfield</u> Town		County <u>Frederick Co</u>		MARYLAND	
Date of death <u>1905</u>	Month <u>11</u>	Day <u>19</u>	Years <u>74</u>	Months <u>10</u>	Days <u>13</u>
Sex <u>Female</u>	Color or Race <u>Caucasian</u>	Birth-place <u>Baltimore, Md</u>			
Occupation <u>Wife & mother</u>	Where Residing if not at place of death <u>as stated</u>				
Married, Sing ^r or Widowed <u>Married</u>	Name of Wife or Husband <u>Absalom Stone</u>	Father's Birthplace			
Father's Name <u>William Baum</u>	Mother's Birthplace				Mother's Maiden Name <u>Annie Baum</u>
Name of person giving information <u>Elizabeth Stone</u>		How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Carcinoma of Throat

How long

4 years

Immediate

Asthma

How long

3 years

Are the name, age, sex, color, date and place correctly given above?

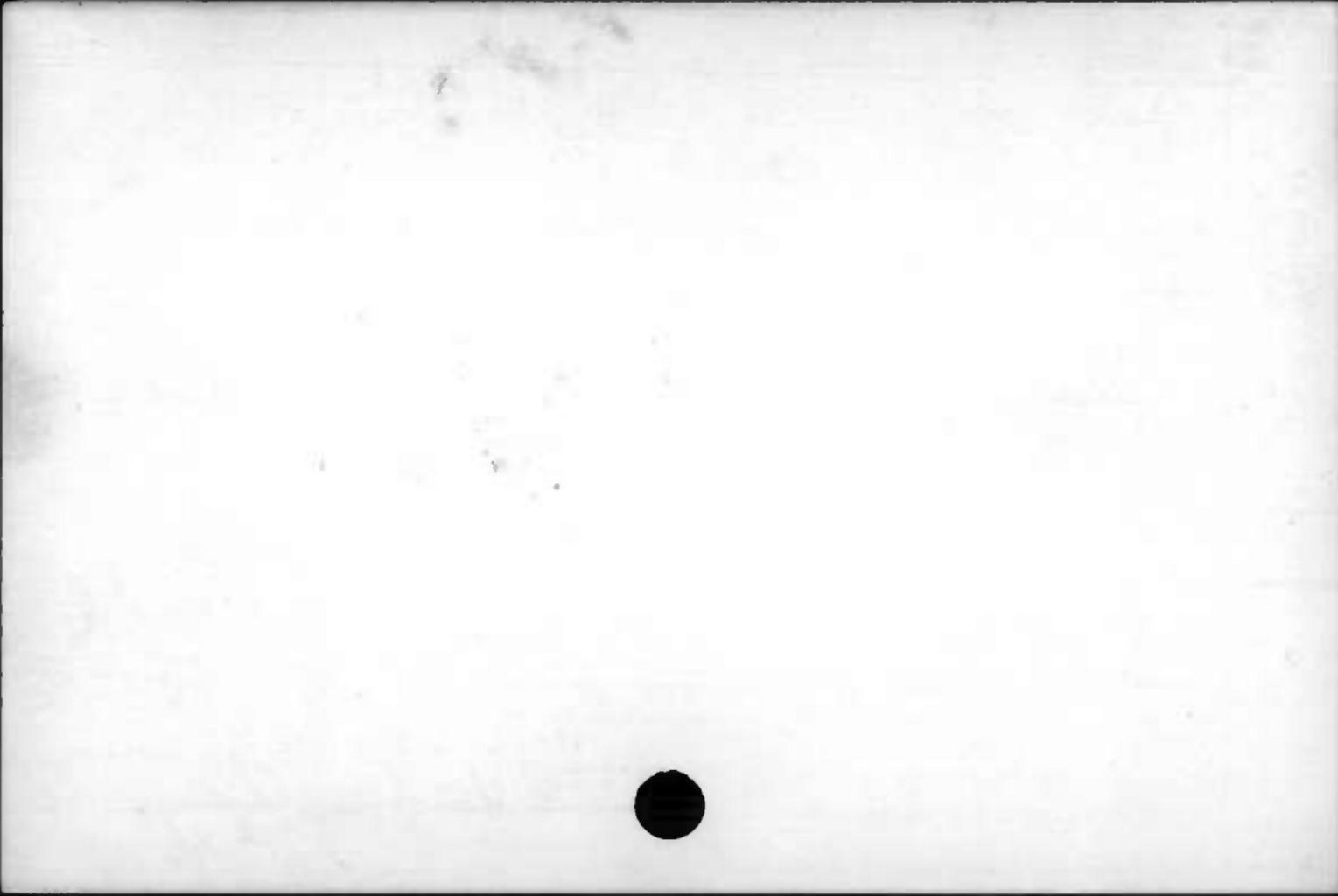
Yes

Signature of Physician

Address

Dr P Hartney M.D.
Frederick Md

Accident or Suicide?



Name
in
Full

Leander S. Stull

CERTIFICATE OF DEATH

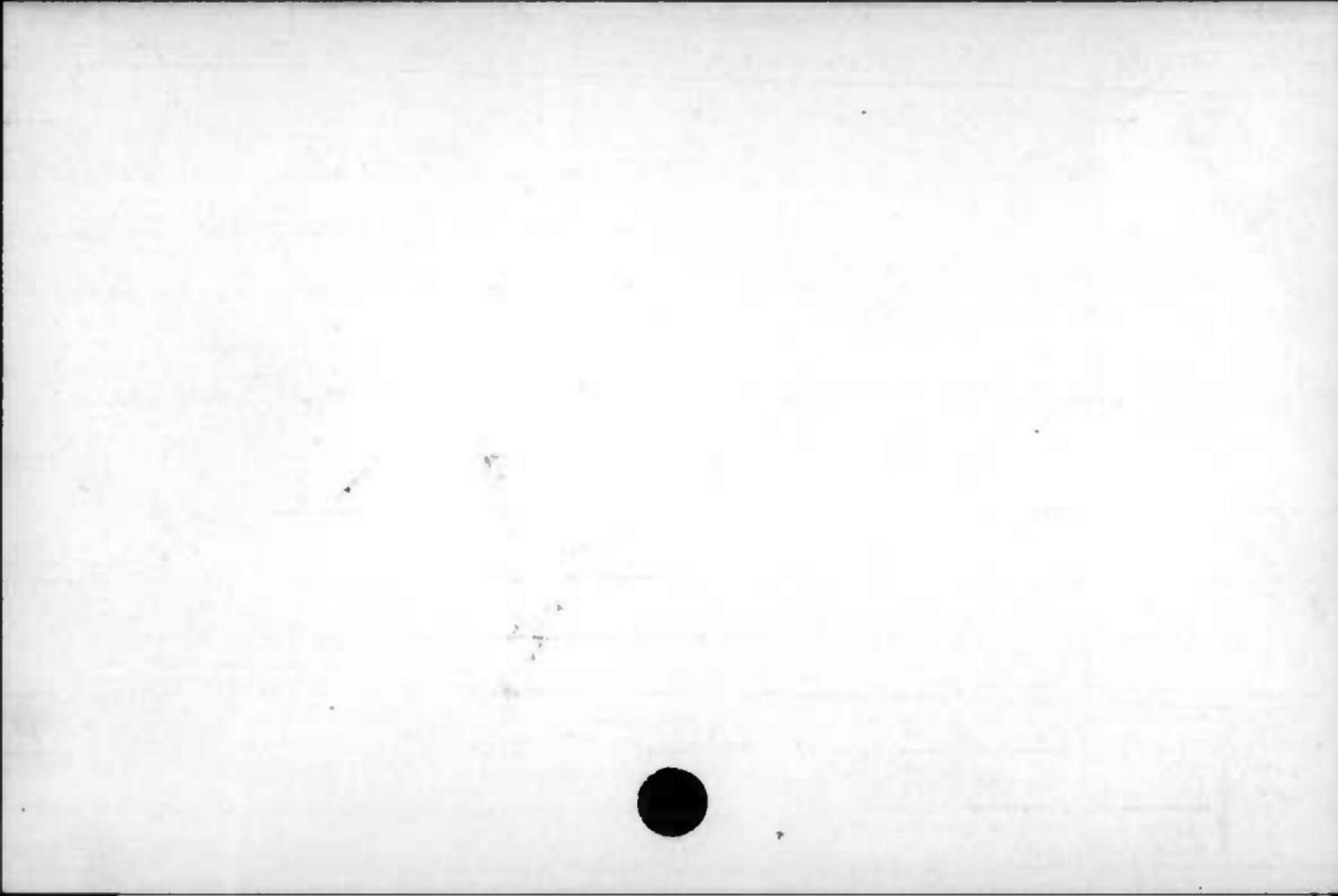
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Greagerstown	Frederick			
Date of death	Month	Day	Years	Months	Days
1905	Nov	18	Age 74	7	16
Sex	Color or Race	White	Birth-place	Frederick Co	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Mary E. Putman	Father's Birthplace	Bethel Md	
Father's Name	Michael Stull		Mother's Birthplace	Bethel Md	
Mother's Maiden Name	Hannah Hedges	V-5	How related to deceased	Wife	
Name of person giving Information	mary E. Stull				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Enlargement of Prostate gland	How long	10 years
Immediate	Hemorrhaged Prostate gland	How long	2 days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J.D. S. Young,
		Address	Greagerstown, Frederick Co.
Accident or Suicide?			



Name
in
Full

Baker Thomas

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Male	Color or Race	Caucasian	Birth-place	Frederick City
Occupation	Laborer		Where Residing if not at place of death	Frederick Md	
Married, Single or Widowed	Married	Name of Wife or Husband	Christie Baker	Father's Birthplace	Frederick
Father's Name	J. H. Baker			Mother's Birthplace	
Mother's Maiden Name	Frances Smith			How related to deceased	Brother
Name of person giving information	Thomas Baker				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Tumor of Brain

How long

(2)

Immediate

Asthma

How long

(2)

Are the name, age, sex, color, date and place correctly given above?

Yr

Signature of Physician

Address

J. P. Fahney M.D.
Frederick Md

Accident or Suicide?

Mrs. Miller

Interment Dec 5 "
at McKaig
T.P Rice

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Elizabeth

Thomas

CERTIFICATE OF DEATH

Died at

Town

Fredk

County

Fredk

MARYLAND

Date
of death

1905

Month

Nov

Day

29

Years

65

Months

3

Days

—

Sex

Female

Color or
Race

Colored

Birth-
place

Fredk Co Md

Occupation

cork

Where Residing if not
at place of death

Same

Married, Single
or Widowed

widow

Name of
Husband

Nelson Thomas

Father's
Name

David Hill

Father's
Birthplace

Fredk Co Md

Mother's
Maiden Name

Name of person giving
Information

Amanda Poole

Mother's
Birthplace

How related
to deceased

None

CAUSES OF DEATH

Primary

Angina Pectoris



How long
immediate

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

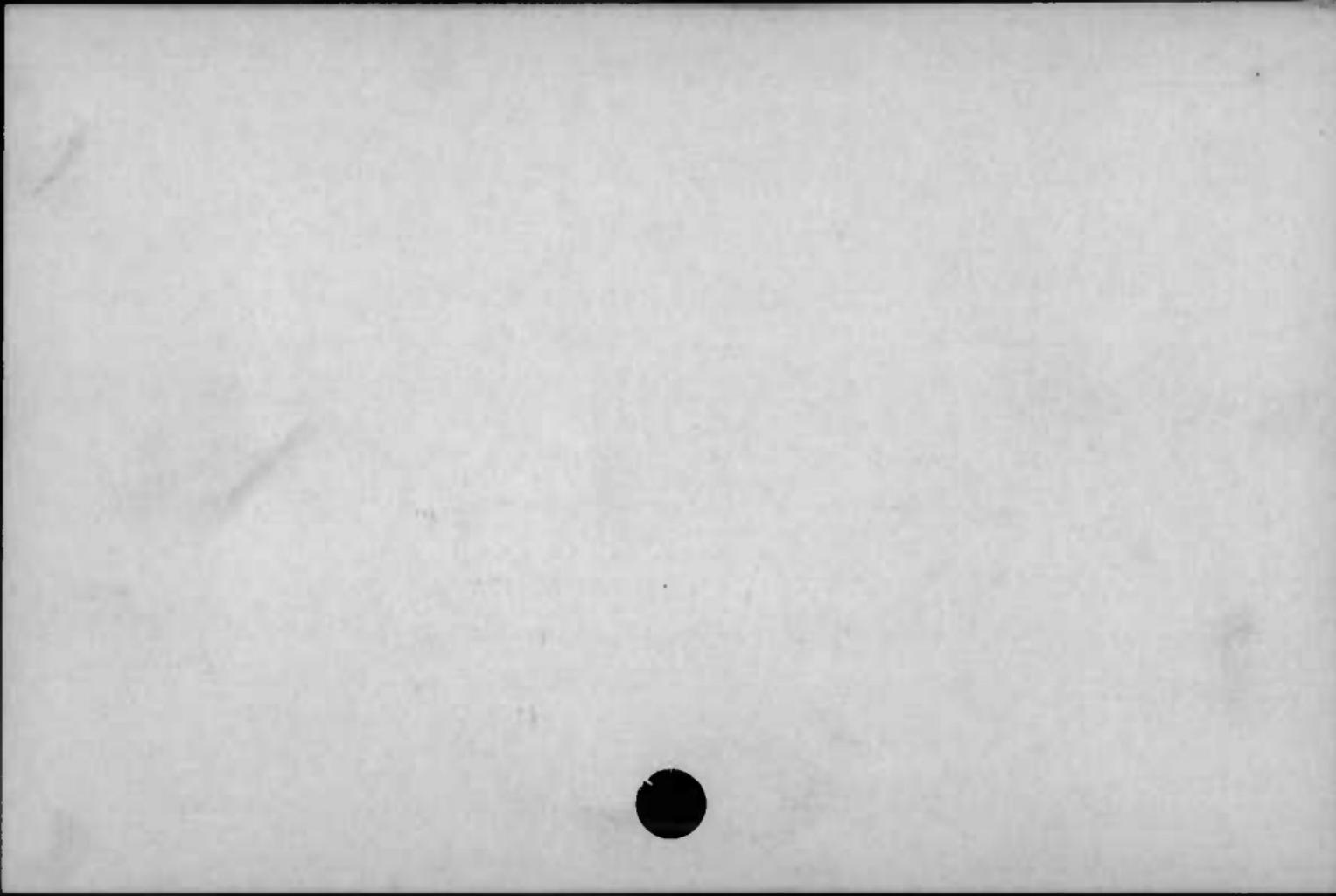
Wm Campbell Hudson

Address

Fredk MD

Accident or Suicide?

No



Name
in
Full

Airy Thompson

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	New Bartlowers	Frederick			
Date of death	Month	Day	Years	Months	Days
1905	Nov	17	64	--	-
Sex	Female	Color or Race	White	Birth-place	Md
Occupation	Horse keeper	Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Charles Thompson	Father's Birthplace	Md
Father's Name	John Cartail			Mother's Birthplace	Md
Mother's Maiden Name	Catherine Fogh			How related to deceased	daughter
Name of person giving information	Bessie V. Thompson				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pneumonia

How long

1 week

Immediate

93

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Sweeney & Thompson

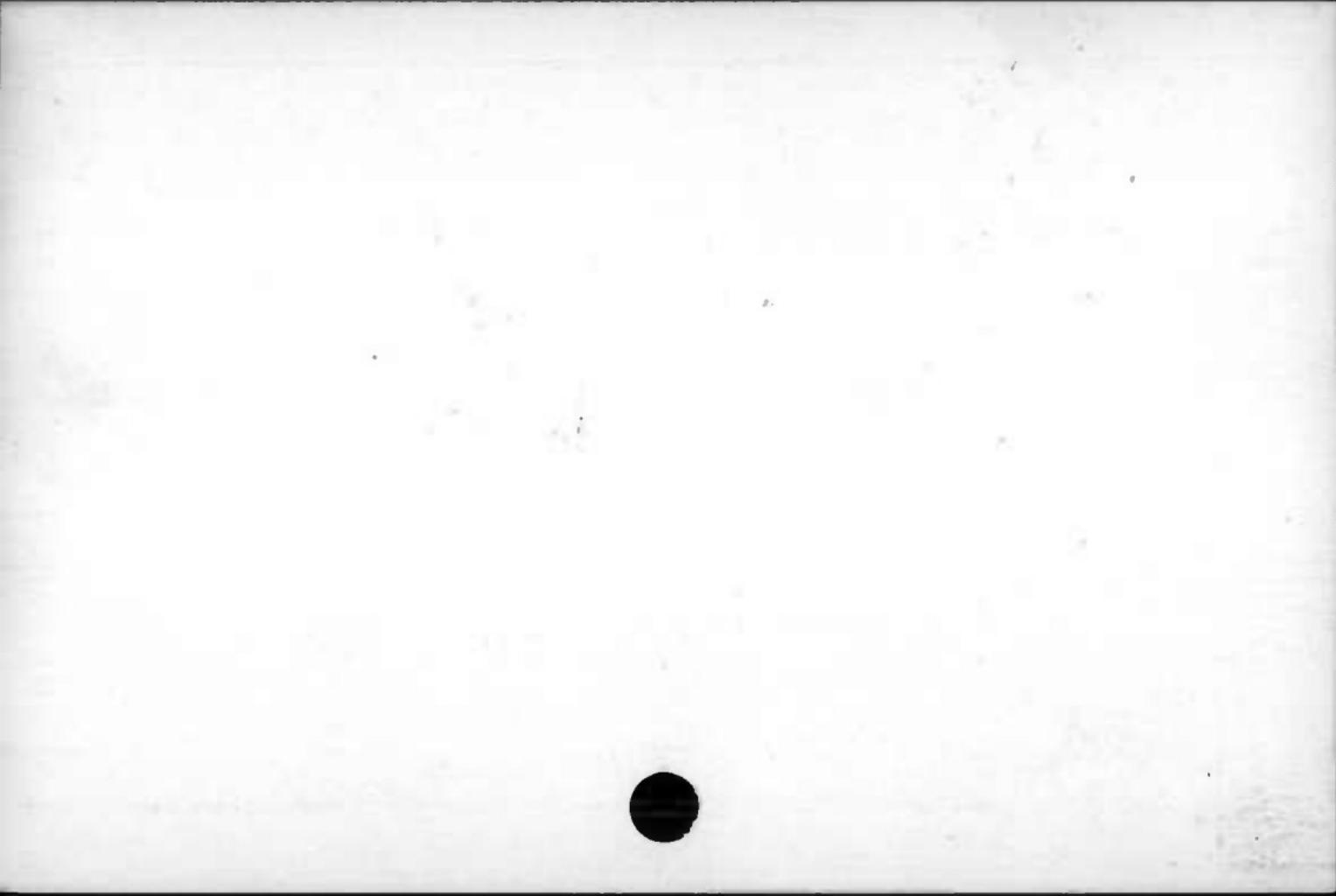
Address

New Market

Maryland

Accident or Suicide?

no



Name
in
Full

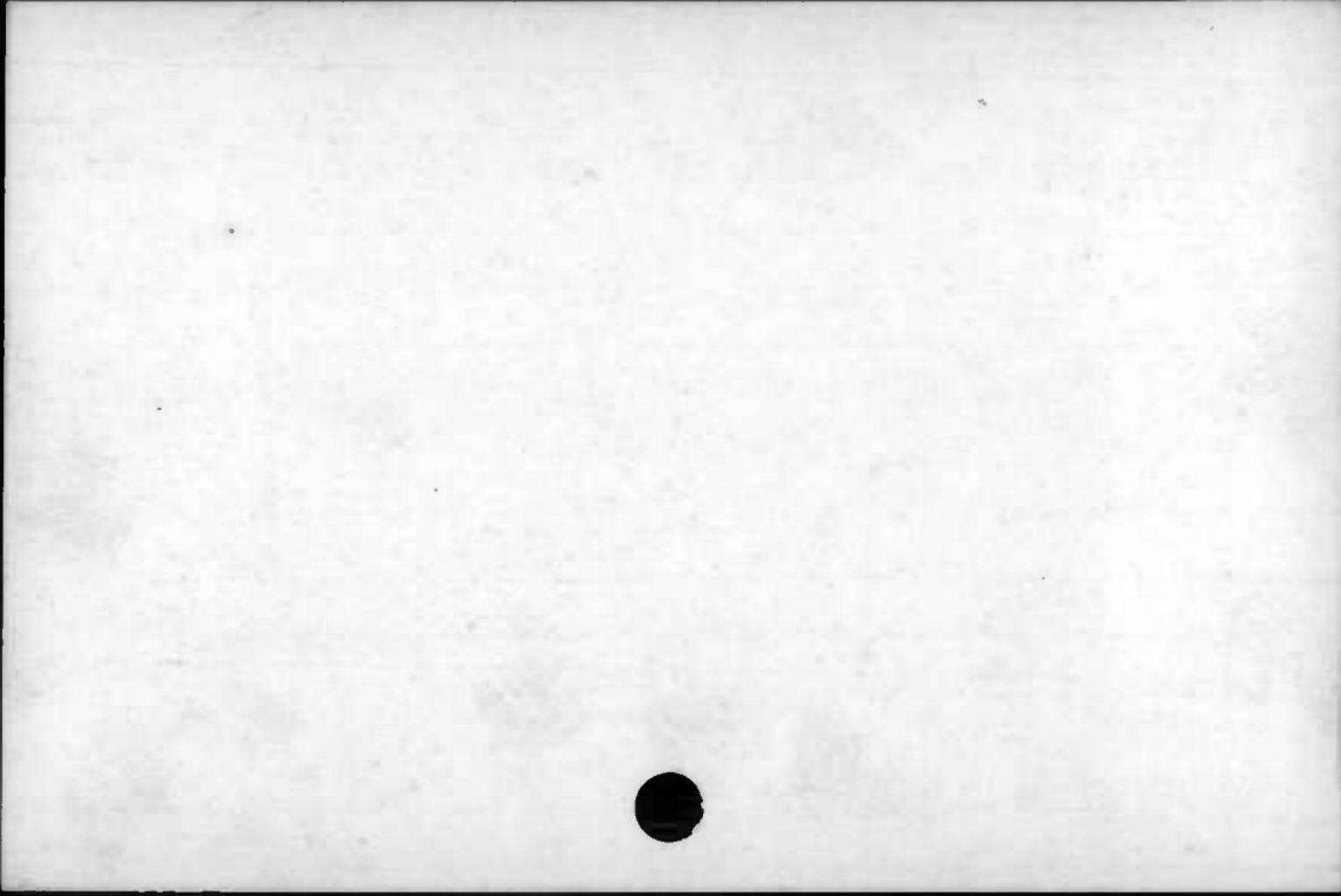
Adams Wesley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Colored	Birth-place	Va	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Married	Name of Wife or Husband	Unknown		
Father's Name	Unknown				
Mother's Maiden Name	"				
Name of person giving information	Fannie Wesley				
CAUSES OF DEATH					
Primary	General debility			How long	+
Immediate	Cardiac asthma			How long	+
Are the name, age, sex, color, date and place correctly given above?			Yes	Signature of Physician	D. L. G. Bourne
			Address	Frederick Md	
Accident or Suicide?					

PHYSICIAN
OR CORONER



Name
in
Full

Andrew Wickless

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND		
Date of death	Month	Day	Years	Months	Days		
1905	Nov.	10	Age —	—	2 hours		
Sex	Male	Color or Race	White	Birth-place	Frederick Md		
Occupation	— None		Where Residing if not at place of death	at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband	None	Father's Birthplace	Fred Co.		
Father's Name	Charles Wickless			Mother's Birthplace	" "		
Mother's Maiden Name	Renie Riddlemosen			How related to deceased	Father		
Name of person giving information	Chas. Wickless						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Premature Birth	(W)	How long	2 hours
Immediate	Exhaustion		How long	" "
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	Salmon, MD
			Address	13 Church St
Accident or Suicide?			Frederick Md	

